

Name in Full

Certificate of Death

Charles Andersen

Town

County

Died at

MARYLAND

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Oct. 25

Age 50-10-4

Ind

Laborer

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widow~~

Number of children living

14

Husband

of

~~Wife~~

Father's

Name

Mother's

Maiden Name

Cause of

Primary

ascites, 120.

How long sick

about 1 yr.

Death

Immediate

Suppression urine

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mr Mary J. Bailey

Town

County

Died at

MARYLAND

Date 19 02 Oct 11 Age 68 Native of Ind Occupation

Male

White

Married

Widow

Divorced

Female

ColoredSingleWidower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Death

Immediate

Heart Failure

How long sick

Sudden

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79892



Name
in
Full

August Bartol

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Calumet</u> ^{Town}		<u>Balt</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	<u>Oct</u> ^{Month}	<u>31</u> ^{Day}	Age <u>71</u> ^{Years}	<u>6</u> ^{Months}	<u>11</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Germany</u>		
Married <u>Single</u> or <u>Widowed</u>	<u>Married</u>		Occupation <u>Laborer</u>		
Name of Wife or Husband <u>Catherine Bartol</u>					
Father's Name <u>Not Known</u>			Father's Birthplace		
Mother's Maiden Name <u>"</u>			Mother's Birthplace		
Name of person giving Information <u>Catherine Bartol</u>			How related to deceased <u>Wife</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Cerebral Hemorrhage</u>	How long <u>6x</u>
Immediate	<u>Exhaustion</u>	How long <u>11 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Dr. C. L. Montford</u>
		Address <u>Calumet Ind.</u>
Accident or Suicide?		

1831

20 apers

Name in Full		August Barthol						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Calumet		County Bath		MARYLAND		
	Date of death 190		2	Month Oct	Day 31	Age 71	Years	Months 6	Days 11
	Sex Male		Color or Race White		Birth- place Germany				
	Married, Single or Widowed				Occupation Laborer				
	Name of Wife or Husband								
	Father's Name						Father's Birthplace		
	Mother's Maiden Name						Mother's Birthplace		
	Name of person giving Information						How related to deceased		
CAUSES OF DEATH									
PHYSICIAN OR CORONER	Primary		Cerebral Hemorrhage				How long 1 week		
	Immediate		Exhaustion				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Dr C L Maffeldt,				
					Address Calumet, Md				
	Accident or Suicide?								



Name in Full

Certificate of Death

Amelia Bealer

Town

County

Died at

Pocahontas, Ball, Co.

MARYLAND

Date 1902 Oct 4th Y. M. D. Native of Occupation
 Male White Married 4 - - - - -
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Charles Bealer Mother's Name Elizabeth Bealer

Cause of Death { Primary Whooping-cough How long sick 2 weeks
 Immediate Apoplexy Accident, Suicide, Homicide

Reported by A. C. Sprink M.D.
 Address Pocahontas, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY-BUREAU, 79706

Heberville

Name In Full

Certificate of Death

Mariand McKenzie Beatty

Town

County

Died at *Sparrows Point**Baltimore*

MARYLAND

Date 1901 *Oct. 21*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1901

Oct. 21

Age

*2 1/2**Md.*

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Wm. E. Beatty

Mother's

Maiden Name

Cassie McKenzie

Cause of

Primary

Malformation of Heart

How long sick

2 1/2 days

Death

Immediate

Deficient circulation of Blood

Accident, Suicide, Homicide

Reported by

G. L. McCormick M.D.

Address

Sparrows Point Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

CERTIFICATE OF DEATH

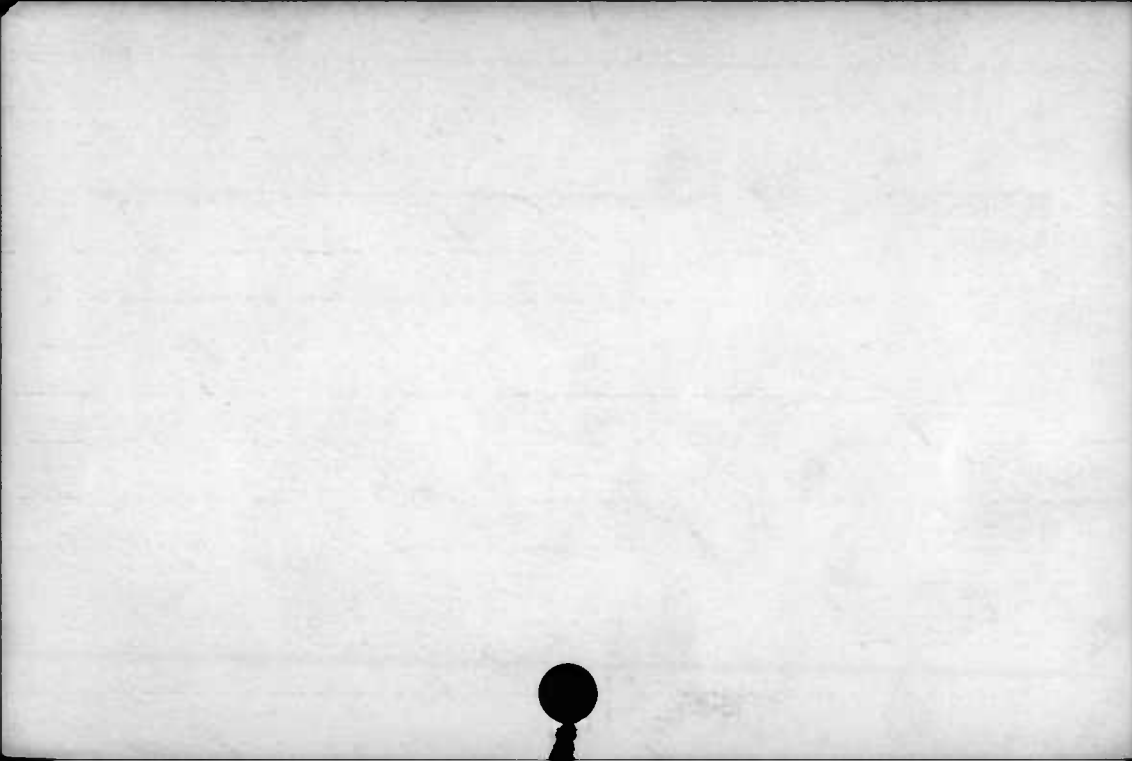
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Baltimore</u> Town		County <u>Baltimore</u>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Oct</u>	Day <u>9</u>	Age <u>75</u> Years	Months <u>—</u>	Days <u>—</u>
Sex <u>Male</u>		Color or Race <u>White</u>		Birth-place <u>Germany</u>	
Married, Single or Widowed <u>Single</u>		Occupation <u>Farmer</u>			
Name of Wife or Husband <u>—</u>					
Father's Name <u>John Bloom</u>			Father's Birthplace <u>Germany</u>		
Mother's Maiden Name <u>Anna Bloom</u>			Mother's Birthplace <u>Germany</u>		
Name of person giving information <u>45</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Malignant Cancer of the Neck</u>	How long <u>about</u>
Immediate <u>Exhaustion</u>	How long <u>one year</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Chas Macgill</u>
<u>Yes</u>	Address <u>Baltimore</u>
Accident or Suicide?	<u>Inc.</u>



Name In Full

Certificate of Death

Frederick J. Rocklage

Town

County

Died at

MARYLAND

Date 1912

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 16

Age

1-5-

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

or

Wife

Father's

Frederick J. H. Rocklage

Mother's

Name

Julia Rocklage

Maiden Name

92

Cause of

Primary

Broncho Pneumonia

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. J. Ottey, M.D.

Address

2168 Broadway

Zinkler + Zinkler

2168 Broadway

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name
in
Full

Amie Brady

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>Oct.</u>	Day <u>15</u>	Years <u>25</u>	Months <u>—</u>	Days <u>—</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Balto. Md</u>		
Married, Single or Widowed <u>Married</u>			Occupation <u>Housework</u>		
Name of Wife or Husband <u>James Brady</u>					
Father's Name <u>Alexander Forbes</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Ellen Flynn</u>			Mother's Birthplace <u>Ireland</u>		
Name of person giving information <u>James Brady 79</u>			How related to deceased <u>husband</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Mitral stenosis & insufficiency</u>	How long <u>abt 6 mos.</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W S Thayer</u>
	Address <u>406 Cathedral Dr</u>
Accident or Suicide? <u>no</u>	<u>(over)</u>

Holy Cross Cemetery Oct. 17th Germanus France
Undertaker.

The patient was under my care
at the Johns Hopkins Hosp. dispens-
ary. For over two weeks she has
been under the care of my friend Dr
Kernmann Brille who is out of town
for a week. He has repeatedly
reported to me the progress of the
case and I feel justified in signing
the death certificate - her death
having occurred during her absence.
W.B. Thayer.

Name
in
Full

Caroline M. Breese

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Highlands</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death 190	<i>2</i> <small>Month</small>	<i>10</i> <small>Day</small>	<i>12</i> <small>Years</small>	<i>22</i> <small>Months</small>	<i></i> <small>Days</small>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>MD</i>		
Married, Single or Widowed <i>Widow</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>Louis O. Breese</i>					
Father's Name <i>Charles A. Breese</i>			Father's Birthplace <i>Baltimore</i>		
Mother's Maiden Name			Mother's Birthplace <i>Kentucky</i>		
Name of person giving information <i>Chas. A. Taylor Jr</i>			How related to deceased <i>Brother</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Albuminuria</i>	How long <i>1 year</i>
Immediate <i>Heart Failure</i> <i>120</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Louis Taylor</i>
	Address <i>Pikesville</i>
Accident or Suicide?	<i>MD</i>



Name in Full

Certificate of Death

Allie Brown

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct. 26

Age 20

Baltimore

Boiler maker

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

166

Cause of

Primary

How long sick

Death

immediate

Accident

Accident, Suicide, Homicide

Reported by

John Blain P.

Address

Harvors Point Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79208



Name In Full

Certificate of Death

Dr. Richard Brown

Town

County

MARYLAND

Died at

Lorlie

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Oct 13

Age

71

Md

Physician

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Two

Husband

of

Wife

Laura Younger

120

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Chronic Nephritis

How long sick

about 1 year

Death

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Reported by

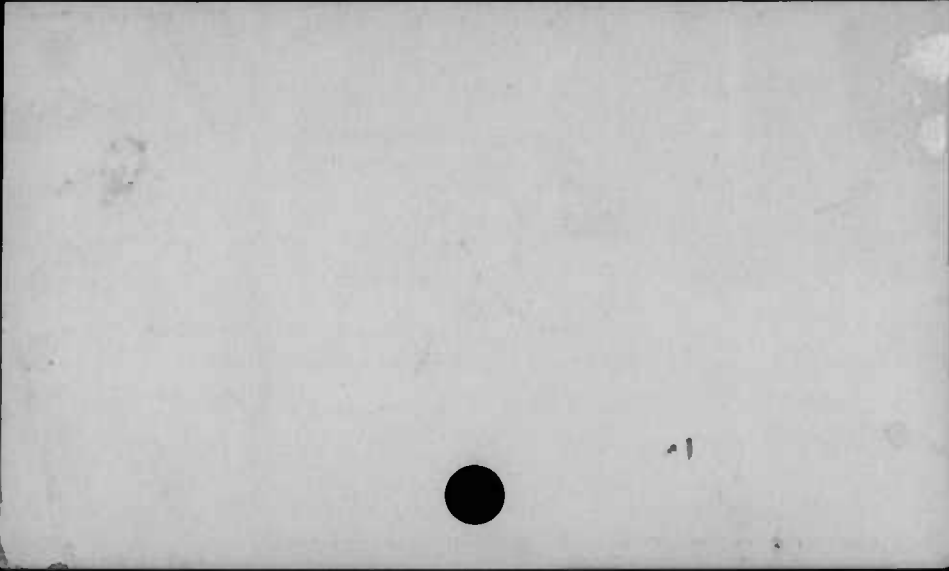
D. W. Altmann

Address

Upper Falls

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full

Certificate of Death

Ethel Maywood Burnham

Town

County

Died at Ashland Baltimore Co MARYLAND

1912 Month Day Y. M. D. Native of Occupation
 Date 189 Oct 20 Age 2.16 Maryland
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name Frank Burnham Mother's Name Mary Burnham

Cause of Death { Primary Acute - Dysenteritis How long sick 13 days
 Immediate Known as failure of vital power Accident, Suicide, Homicide

Reported by

Dr. H. Benson

Address

Brooksville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name In Full

Certificate of Death

Died at

Date 1902

Month Day

Y. M. D.

Native of

Occupation

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Richard E. Carr

Town

County

Died at

MARYLAND

Date 19

02

Month Day
Oct. 19

Age

Y.

M.

D.

Baltimore

Native of

Balto Co

Occupation

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

A. H. Carr

Mother's

Maiden Name

Catherine M. Marien

Cause of

Primary

Marasmus.

105

How long sick

Several months.

Death

Immediate

Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by

Address

Liguard Ed Whiteford M. D.
Parsville Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Miss M. E.

Name In Full

Edward J. Carroll

MARYLAND

Died at

Staggs Cantonment Balt -

Date 19

02

Month

Day

Y.

M.

D.

Native of

Occupation

Age

20

Washington, D.C. Clerk

Male

White

~~Married~~

Widow

~~Divorced~~~~Female~~~~Colored~~

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Pulmonary Tuberculosis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. Ryan M.D.

Address

Staggs Cantonment

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

New Cathedral Cem
Oct 24th 1902
M. Fraley & Son

Died at

Date 19

~~Male~~

Female

White

~~Colored~~

Married

~~Single~~~~Widow~~

Widower

Divorced

Number of children living

Husband
of

Wife

Father's
Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

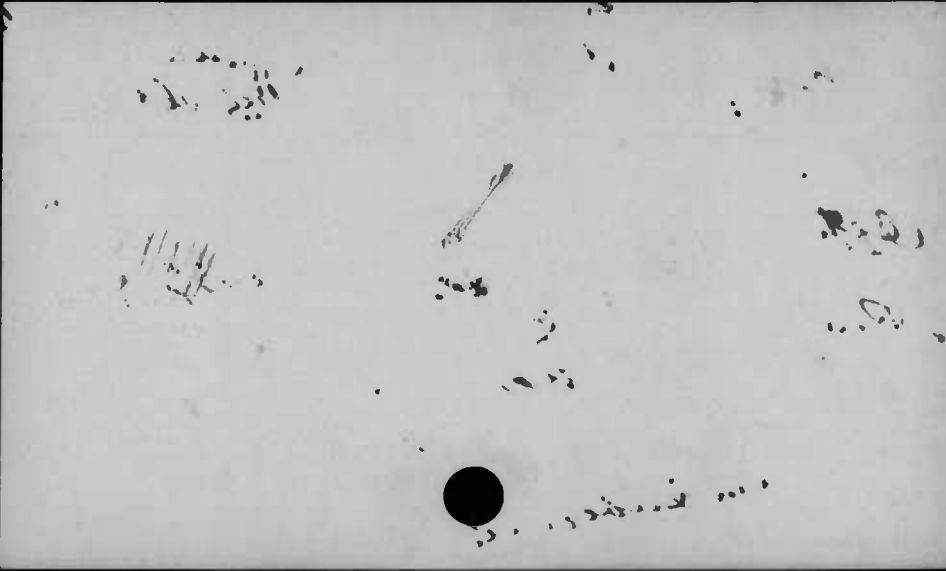
How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Rachel Ann Cor

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

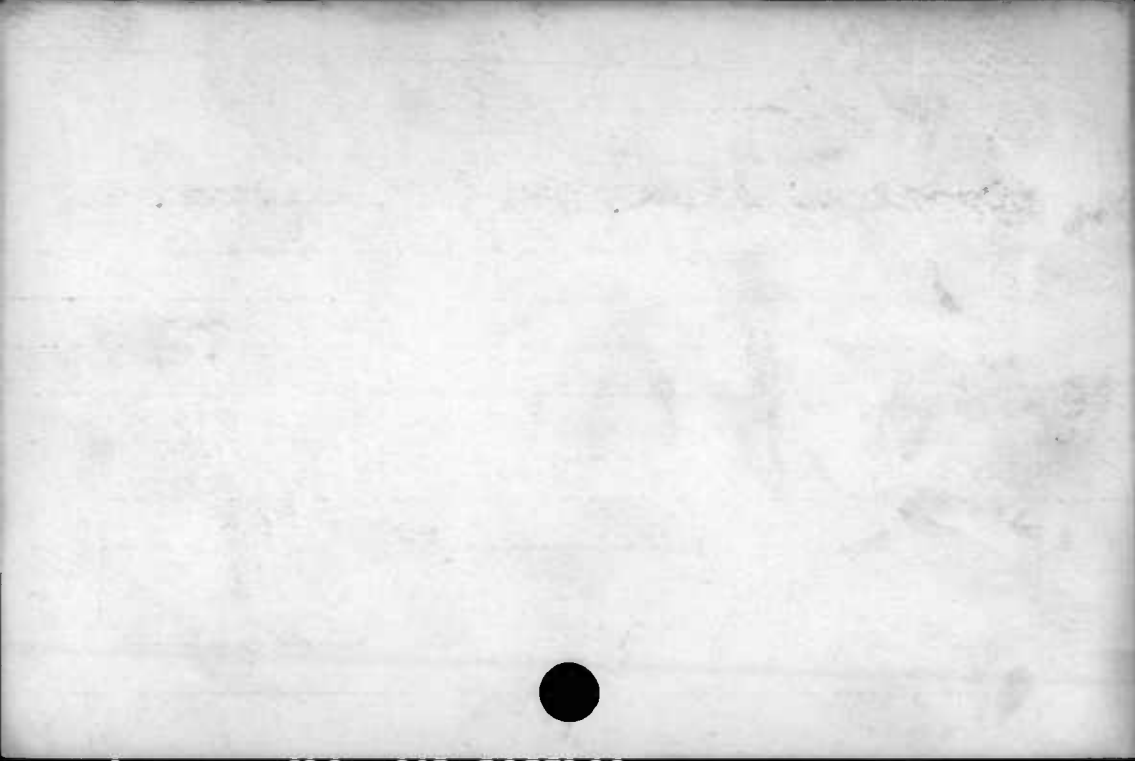
MARYLAND

Died at <i>Calumville</i> ^{Town}		<i>Balt</i> ^{County}	
Date of death 190 <i>2</i>	<i>Oct</i> ^{Month}	Day <i>6</i>	Age <i>—</i> ^{Years}
Sex <i>Female</i>	Color or Race <i>Cold</i>	Months <i>6</i>	Days <i>—</i>
Married, Single or Widowed		Occupation	
Name of Wife or Husband			
Father's Name <i>Livous Cor</i>		Father's Birthplace <i>Balt Co</i>	
Mother's Maiden Name <i>Anna Boston</i>		Mother's Birthplace <i>"</i>	
Name of person giving information <i>Livous Cor</i>		How related to deceased <i>Fath</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i> <i>105</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. Whitely</i>
	Address <i>Catonsville</i>
Accident or Suicide?	



Name
in
Full

Rachel Cole

CERTIFICATE OF DEATH

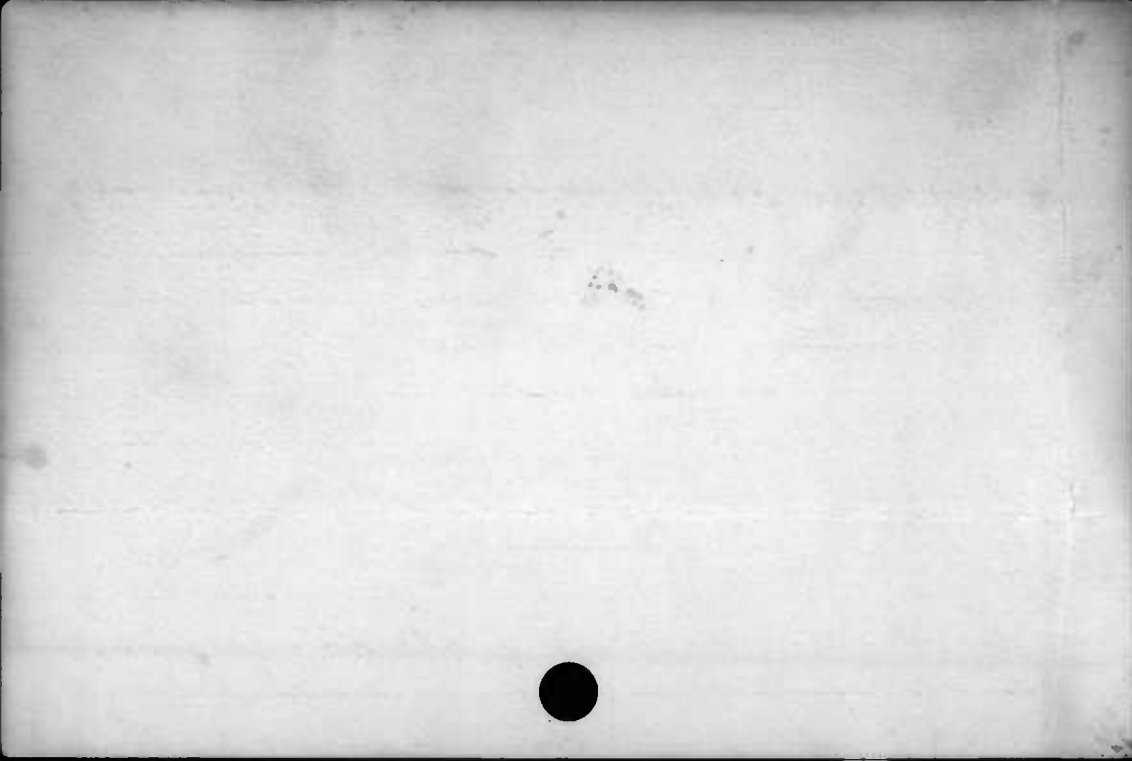
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Freeland</u> ^{Town}			<u>Balt</u> ^{County}			MARYLAND	
Date of death 1902	Month <u>10</u>	Day <u>22</u>	Age <u>87</u>	Years	Months <u>10</u>	Days	
Sex <u>Female</u>		Color or Race <u>white</u>		Birth-place <u>Md</u>			
Married, Single <u>Widowed</u>			Occupation <u>Housekeeper</u>				
Name of Wife <u>John Cole</u> Husband							
Father's Name <u>Jacob Snyder</u>				Father's Birthplace <u>Scotland</u>			
Mother's Maiden Name <u>Margaret Shafer</u>				Mother's Birthplace <u>Pa</u>			
Name of person giving information <u>James Ray</u>				<u>154</u> How related to deceased <u>Son in Law</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Natural Causes</u>		How long	<u>Sudden</u>
Immediate			How long	
Are the name, age, sex, color, date and place correctly given above?		<u>yes</u>	Signature of Physician <u>Daniel V. Mayne MD</u>	
			Address <u>Md Line</u>	
Accident or Suicide?			<u>no</u>	



Margaret Davis

Town

County

Baltimore

MARYLAND

Died at

Gorantown

Month

Day

Y.

M.

D.

Native of

Occupation

Date

1902

Oct

13

Age

6 weeks

Maryland

Infant

~~Male~~

White

~~Married~~~~Widow~~~~Deceased~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Nathaniel Davis

Mother's

Name

Bessie Davis

Cause of

Primary

Inanition

How long sick

From birth

Death

Immediate

Convulsions

151

Accident, Suicide, Homicide

Reported by

Dr. E. M. Duncan

Address

Gorantown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at *on farm* Town *Kingsville* County *Balto Co* MARYLAND
 Month *10* Day *28* Y. *Y.* M. *M.* D. *D.* Native of Occupation

Date 19*02* Age *6 weeks*
 Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Widower ☒ Number of children living

Husband of

Wife

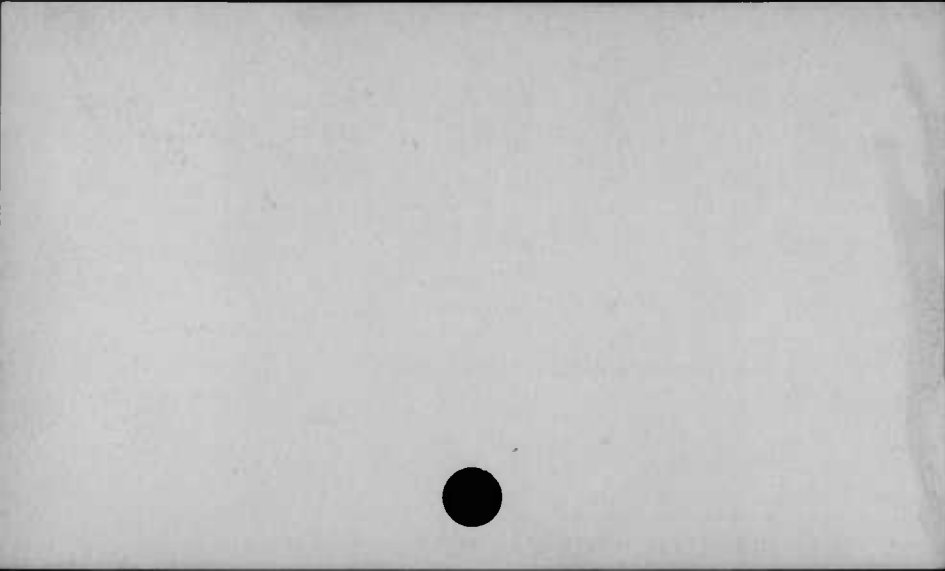
Father's Name *Peter Doyle* Mother's Maiden Name *Mary Doyle*

Cause of Death { Primary *Heart failure* Immediate *Heart failure* } How long sick *104*
 Accident, Suicide, Homicide

Reported by *James F. H. Gouch M.D.*

Address *Fox Md -*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Leo Durigan

Town

County

Died at

Canton

Baltimore

MARYLAND

Month

Day

Y. M. D.

Native of

Occupation

Date 1902

Oct. 9

Age

14 months

Md

None

Male

White

~~Married~~

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Philip Durigan

Mother's

Maiden Name

Johanna Sauter

Cause of

Primary

Premature Birth

How long sick

Since birth

Death

Immediate

Accident, Suicide, Homicide

Reported by

C. J. Williams

Address

114 Chesapeake St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

St. Patrick's Cemetery

Oct. 9th 1902

Germanus Franck

Undertaker

Name
in
Full

Thomas G. Oyer.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Loch Raven.		County Baltimore		MARYLAND	
Date of death 1902		Month October	Day 24 th	Age 66		Years 8	Months 3
Sex Male		Color or Race White.		Birth- place Canada.			
Married, Single or Widowed		Single.		Occupation Laborer.			
Name of Wife or Husband							
Father's Name		Unknown		Father's Birthplace		Unknown.	
Mother's Maiden Name		Unknown		Mother's Birthplace		"	
Name of person giving In formation		Ogden Evans.		How related to deceased		None.	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis	How long	4 yrs. (about)
Immediate	Indigestion (acute).	How long	4 days.
Are the name, age, sex, color, date and place correctly given above?		Yes.	
Signature of Physician		H. J. Harrison.	
Address		Loch Raven.	
Accident or Suicide?			

Craig Grove
Frederick Casselman
Sen

Name
In
Full

Philip Franklin Edwards

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Beegies</i>		County <i>Baile</i>		MARYLAND	
Date of death 1902	Month <i>Oct</i>	Day <i>4</i>	Age	Years <i>24</i>	Months <i>4</i>	Days <i>28</i>	
Sex <i>male</i>	Color or Race <i>white</i>		Birth- place <i>Ind</i>				
Married, Single or Widowed <i>single</i>			Occupation <i>Farmer</i>				
Name of Wife or Husband <i>—</i>							
Father's Name <i>Philip Edwards</i>				Father's Birthplace <i>Wales</i>			
Mother's Maiden Name <i>Leopoldine R. Biddin</i>				Mother's Birthplace <i>Ind</i>			
Name of person giving In formation <i>Philip Edwards</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Lymphatic</i>	How long <i>20 days</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>John W. Hannon M.D.</i>
	Address <i>middle River Ind</i>
Accident or Suicide? <i>no</i>	



Hannah R England

Town

County

Died at *Gorans town*

Baltimore

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
<i>1902</i>	<i>Oct</i>	<i>27</i>	<i>64</i>	<i>-</i>	<i>-</i>	<i>Maryland</i>	
<i>Female</i>	<i>White</i>	<i>Married</i>	<i>Single</i>	<i>Widow</i>	<i>Widow</i>	<i>Divorced</i>	<i>Number of children living 4</i>

Husband
of
Wife

Father's
Name *John Holland*

Mother's
Name *Hannah Holland*

Cause of
Primary *Cancer*

How long sick
6 months

Death
Immediate *Exhaustion*

45

Accident, Suicide, Homicide

Reported by *Dr. E. M. Duncan*

Address *Gorans town Md*

3



Name
in
Full

August Fekhte

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Town <i>Hight and Town</i>		County <i>Balto</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>20</i>	Age <i>72</i>	Years <i>7</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth- place <i>Germany</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>carriage trimmer</i>		
Name of Wife or Husband <i>Worrie Fekhte</i>					
Father's Name <i>Carl Fekhte</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Not Known</i>			Mother's Birthplace <i>Germany</i>		
Name of person giving In formation <i>H. Sandersky Son</i>			How related to deceased <i>None</i>		

CAUSES OF DEATH

LD

PHYSICIAN
OR CORONER

Primary <i>Gastric Carcinoma</i>	How long <i>year or so</i>
Immediate <i>Exhaustion</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Doc. L. Truax M.D.</i>
<i>as to my knowledge</i>	Address <i>349 Gough</i>
Accident or Suicide? <i>—</i>	<i>Hight and Town, Balto Md</i>

Mount Carmel
H Sanders Sons

Name in Full

Certificate of Death

Emma Tickenscher

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1902

Month

Day

Oct. 30

Y.

M.

D.

Age

31

Native of

Md

Occupation

Housework

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

Wife of

John G. Tickenscher

Father's

Name

Andrew Gensler

Mother's

Maiden Name

Elizabeth Haas

Cause of

Primary

~~Pneumonia~~

How long sick

one on on the

Death

Immediate

Exhaustion

93

~~Accident, Suicide, Homicide~~

Reported by

Joseph B. Miller - Sec. 1

Address

1713 Danforth

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Mount Carmel Cemetery

Nov. 3rd 1902

Germanus Thane

Undertaker

Name
in
Full

Raymond Y Fowler

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} 1437-5th St Highlandtown ^{County} Batts

Date of death 1902 ^{Month} octo ^{Day} 24 ^{Age} ^{Years} 3 ^{Months} 2 ^{Days}

Sex male **Color or Race** white **Birth-place** Baltimore City

Married, Single or Widowed **Occupation** —

Name of Wife or Husband

Father's Name John J Fowler **Father's Birthplace**

Mother's Maiden Name Sarah E Haughey **Mother's Birthplace** Batts Co

Name of person giving information E W Jamney M D **How related to deceased** attending physician

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Marasmus 105 **How long** 3 months

Immediate asthma **How long** one month

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician E W Jamney M D
Address 314 Bank St

Accident or Suicide?

H Sander Sons

Orem's Cemetery

Balto County

Name in Full

Geo. Edward Fowltz

Died at ^{Town} Corbett ^{County} Balds. MARYLAND

Date 1902 Month 10 Day 26 Age 1 Y. 5 M. 5 D. 5 Native of Ind Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced ~~Number of children living~~

Husband of
Wife

Father's Name Geo. E. Fowltz Mother's Maiden Name Estella Robinson

Cause of Death { Primary Pneumonia How long sick 4 da

Death { Immediate Exhaustion Accident, Suicide, Homicide

Reported by T. Ross Payne
Corbett

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

X
LIBRARY BUREAU, 1902



Name In Full

Certificate of Death

Sarah Elizabeth Frames.

Town

County

Govanstown

Baltimore

MARYLAND

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Octob

16

Age

69

Penn'a.

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

4

~~Husband~~ of

Wife James P. Frames.

Father's

Name

Thos. Van Meter

Mother's

Maiden Name

Elizabeth Witham

Cause of

Primary

Cerebral Hemorrhage

How long sick

3 days.

Death

Immediate

"

"

Leaf

~~Accident, Suicide, Homicide~~

Reported by

W. Wayland Frames, M.D.

Address

"The Severn" - Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Peter Lompf

Town

County

Died at

Howardville

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

10 16

Age

81 9

Germany

farmer

Male

White

~~Married~~~~Widow~~

Divorced

Number of children living

4

~~Husband~~

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Gastritis

Death

Immediate

Exhaustion

104

How long sick

one month

Accident, Suicide, Homicide

Reported by

Edwin E. Jones

Address

Arlington Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name In Full

Certificate of Death

Mary V. Gosnell

Town

County

Died at *Franklinville* *Baltimore* MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1904 Oct 10

Age 65

*Maryland**Housewife*~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

General Breakdown with Dependent Trade

How long sick

2 weeks

Death

Immediate

*Woman*Accident, Suicide, Homicide

Reported by

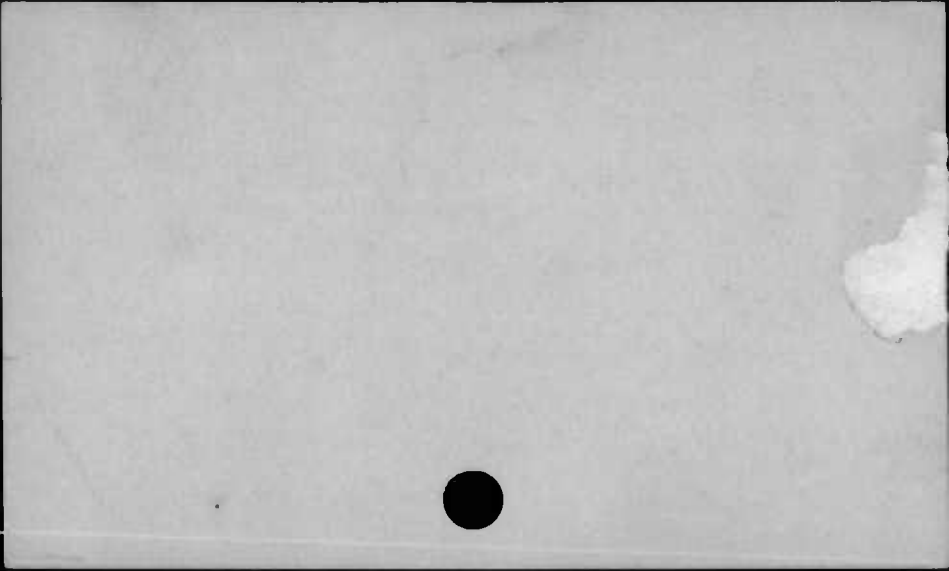
Roberts & S. Keyser all

Address

Franklinville P.O.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Maryland



Name in Full

Certificate of Death

Lydia Grey

Town

County

Died at Catonsville

Baltimore

MARYLAND

Date 1902. Oct. 26

Month Day

Y. M. D.

Native of

Occupation

Age 68

Maryland Housewife

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widow~~

Number of children living 1

Husband of

Unknown

Father's

Name

Unknown

Mother's

Name

Unknown

Cause of

Primary

Lobar Pneumonia

How long sick

2 weeks.

Death

Immediate

Exhaustion

93

~~Accident, Suicide, Homicide~~

Reported by

J. Percy Wade M.D.

Address

Md. Hosp. for Insane Catonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888



Name In Full

Certificate of Death

Laura Mackell W.

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02

10

23

Age

46

☒ Male☐ White☒ Married☐ Widow☐ Divorced☐ Female☐ Colored☐ Single☐ Widower

Number of children living

One

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Henry Shellman Haines

CERTIFICATE OF DEATH

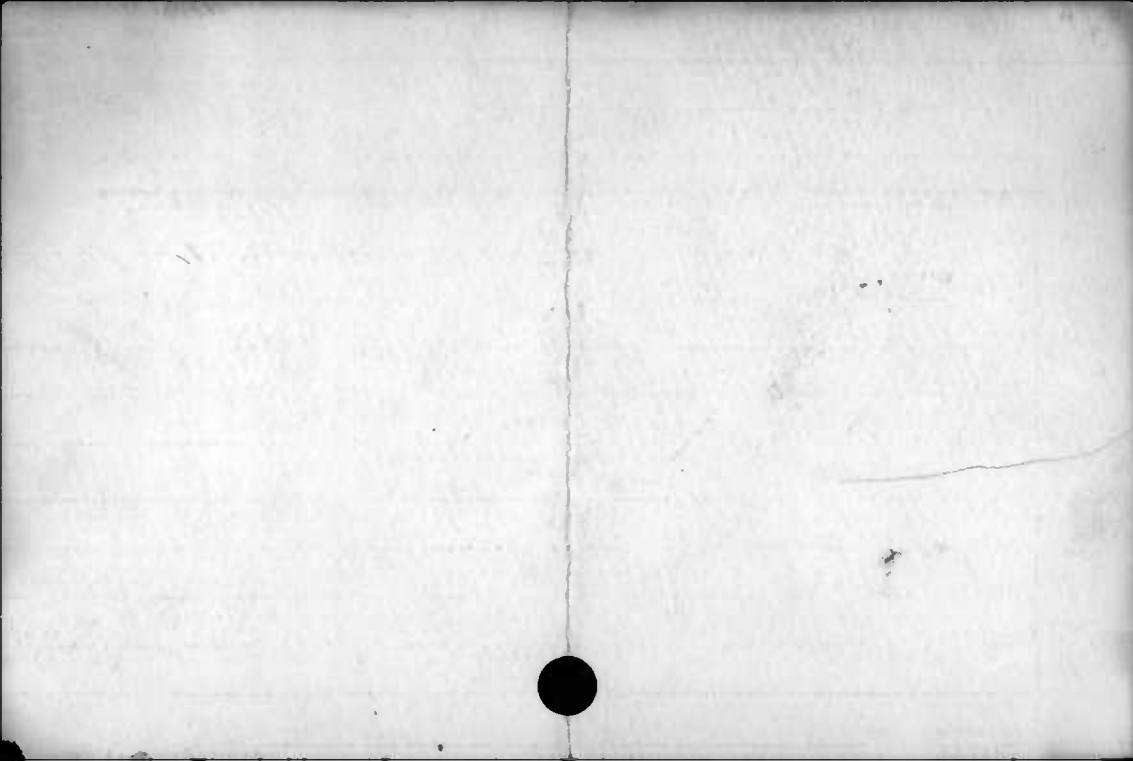
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Ascadaha</i>		County <i>Balt</i>		MARYLAND	
Date of death 190	<i>2</i>	Month <i>10</i>	Day <i>31</i>	Age <i>31</i>	Years <i>31</i>	Months <i>2</i>	Days <i>11</i>
Sex	<i>male</i>		Color or Race	<i>White</i>		Birth- place	<i>Ind</i>
Married, Single or Widowed			<i>single</i>				
Occupation			<i>none</i>				
Name of Wife or Husband <i>_____</i>							
Father's Name				<i>Frances B Haines</i>			
Father's Birthplace				<i>Ind</i>			
Mother's Maiden Name				<i>Barbara H Albaugh</i>			
Mother's Birthplace				<i>Ind</i>			
Name of person giving In formation				<i>Frances B. Haines</i>			
How related to deceased				<i>Father</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Small</i>	How long	<i>13 yrs</i>
Immediate	<i>Epileptic Convulsions</i>	How long	<i>continued 22</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician		<i>John H Wilson Ind</i>	
Address		<i>Lawrenceburg Ind</i>	
Accident or Suicide?			



Name in Full

Certificate of Death

Mrs. M. A. Halford

Town

County

MARYLAND

Died at

Catonsville

Baltimore

Date 19

02

Month

Day

October 20

Y.

M.

D.

Age

90.

Native of

England

Occupation

House wife

~~Male~~

Whites

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Two sons

Husband

of

?

Wife

Father's

Walker

Mother's

Name

Maiden Name

M?

Cause of

Primary

Senility

Death

Immediate

Exhaustion

154

How long sick Confirmed
to bed about two weeks

Accident, Suicide, Homicide

Reported by

Alfred S. Gundry M.D.

Address

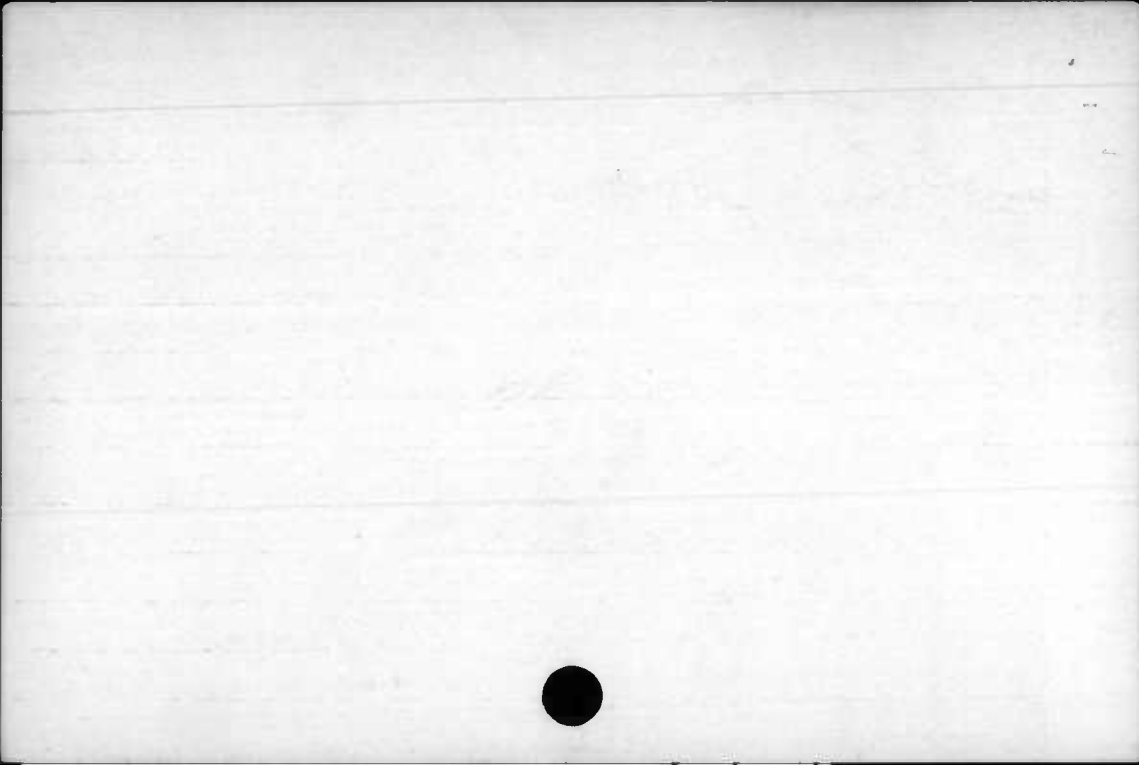
Gundry Sanitarium "Ahol," Catonsville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Hamilton Ohio -

Mitchell

Name in Full John P. Hare		CERTIFICATE OF DEATH			
Died at Forestown Town		Balto County		MARYLAND	
Date of death 190 2	Month 10	Day 4	Age 86 Years	Months 11	Days 7
Sex Male	Color or Race White		Birth-place Maryland		
Married, Single or Widowed Widower		Occupation Farmer			
Name of Wife or Husband Elizabeth Hare					
Father's Name Philip Hare			Father's Birthplace Maryland		
Mother's Maiden Name Mary Weather			Mother's Birthplace "		
Name of person giving information Danl. W. Hare			How related to deceased Son		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary Diffuse Cellulitis		How long 144		
	Gangrene		How long 36 hours		
	Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A R Mitchell		
			Address Hereford Md.		
Accident or Suicide?					



Name in Full

Certificate of Death

William Henry Harridy

Died at ^{Town} Ellicott City ^{County} Balto

MARYLAND

Date 1902 ^{Month} Oct ^{Day} 24 Age ^{Y.} 23 ^{M.} ^{D.} Native of Md Occupation Laborer

Male

~~White~~

Married

Widow

Divorced

~~Female~~

Colored

Single

Widower

Number of children living

Husband of ~~Vach Harridy~~Wife ~~Vach Harridy~~ Father's Name Vach Harridy Mother's Name SophiaCause of Death { Primary Tuberculosis of Lymphatic glands How long sick 8 or 10 Months
Immediate Exhaustion
Accident, Suicide, Homicide

Reported by B. J. Byron

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name
in
Full

Mary L Hartman

CERTIFICATE OF DEATH

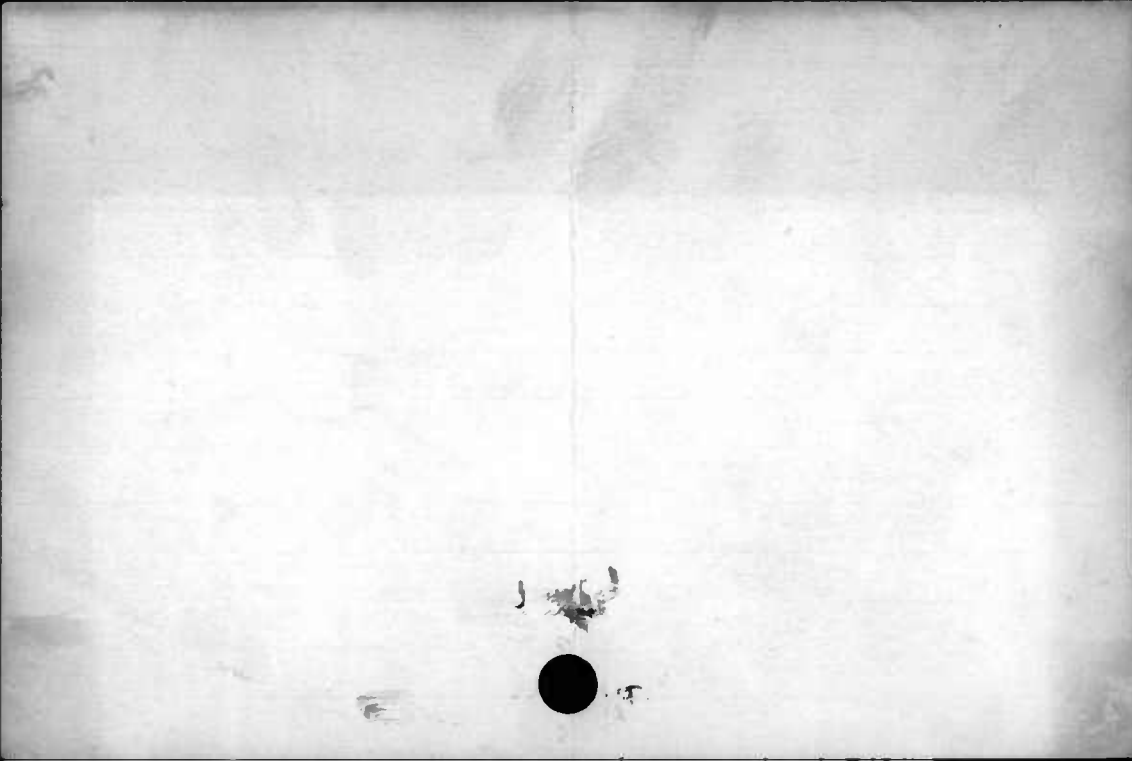
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <u>Viadenville</u>		County <u>Baltimore</u>		MARYLAND	
Date of death 190	2	Month	Oct	Day	29	Age	8 1
Sex		<u>Female</u>		Color or Race		<u>White</u>	
Married, Single or Widowed		<u>Single</u>		Occupation		<u>School attendant</u>	
Name of Wife or Husband							
Father's Name				Father's Birthplace			
<u>Fred Hartman</u>				<u>Baltimore</u>			
Mother's Maiden Name				Mother's Birthplace			
<u>Schaefer</u>				<u>Baltimore</u>			
Name of person giving Information				How related to deceased			
<u>M. Hartman</u>				<u>John's Mother</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Appendicitis</u>	How long	<u>Six weeks</u>
Immediate	<u>Heart Failure</u>	How long	<u>acute</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>Yes</u>		<u>[Signature]</u>	
		Address	
		<u>1327 W. Fayette St.</u>	
Accident or Suicide?			
<u>No</u>			



Still Born.

Town

County

MARYLAND

Died at Sparrows Point, Balt.

Month

Day

M.

D.

Native of

Occupation

Date 1902

Oct. 13

Age

Stillborn

Md.

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Wife

Father's Name Alvan Hartwell

Mother's Maiden Name Katharine Evans

Cause of Primary

Compression of cord

How long sick

Death Immediate

Cessation of circulation

~~Accident, Suicide, Homicide~~

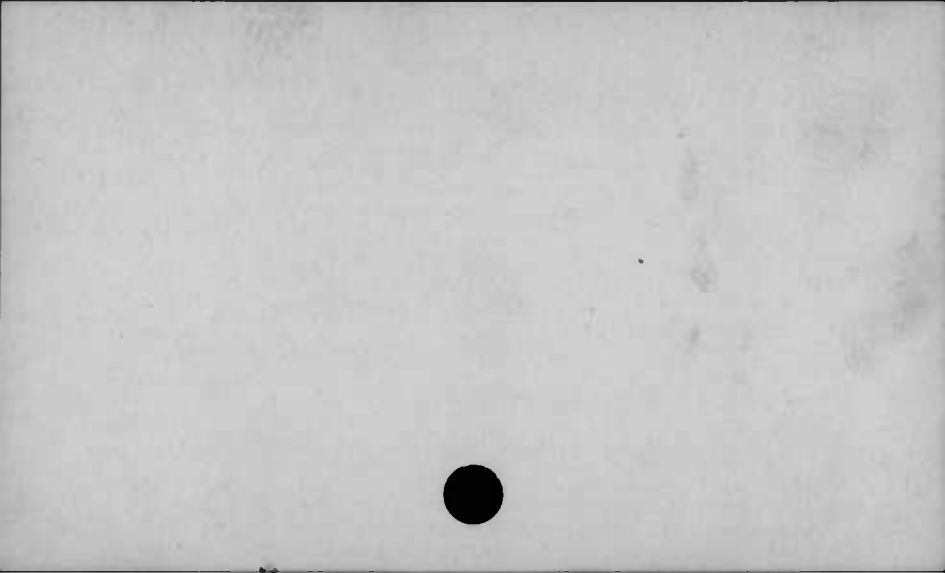
Reported by

W. R. Hodges M. D.

Address

Sparrows Point, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Benjamin Hicks -

Town
Lorrem.County
Baltimore -

MARYLAND

Died at

Date 1902

189

Month Day

Oct. 26.

Y. M. D.

Native of

Occupation

Age

About 69 yrs Maryland Male Carver

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living - One.

Husband of

Fannie Hicks -

Father's

Name

Isaac Hicks

Mother's

Name

Eliza Hicks

Cause of

Primary

Paralysis -

How long sick

6 days

Death

~~Immediate~~

Hemiplegia -

Accident, Suicide, Homicide

Reported by

John H. Hawkins M.D.

Address

Lorrem. Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anna Hudson

Town

County

Died at Catonsville Balto.

MARYLAND

Date 189 1902 Oct. 30 Age 50 - 0 - 0 Delaware Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living ?

Husband of John L. Hudson 20
 Wife
 Father's Name Unknown Mother's Name Unknown

Cause of Death { Primary Chronic Nephritis How long sick 2 weeks -
 Immediate Uremic Convulsions Accident, Suicide, Homicide

Reported by J. Percy Wade M.D.

Address Catonsville Maryland

Md. Hosp. for Insane

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Back Wick -

Kent-County -

David McAdams

833 Linden Ave -

Name in Full

Certificate of Death

Simon Obuah
 Town County
 Died at Gorma, Barro
 MARYLAND
 Date 1902 Oct 4
 Month Day Y. M. D.
 Age 57
 Native of Va
 Occupation Farmer
 Male ~~Female~~ ~~White~~ ~~Colored~~
 Married ~~Single~~ ~~Widow~~ ~~Widower~~
 Divorced
 Number of children living 3

Husband of Helen Obuah
 Father's Name
 Mother's Name

Cause of Death { Primary Immediate
 How long sick Sudden death
 Accident, Suicide, Homicide
 Reported by Geo. H. Overbury, M.D.
 Address Gorma, Barro

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Health Register Rich

Name in Full

Certificate of Death

Martin L. W. Jones

Town

County

Died at

Baltimore & Annapolis Av. Balt.

MARYLAND

Date 19

01

Month

Day

Y.

M.

D.

Native of

Occupation

Oct. 25

Age

3.

5.

20

Balt. Co.

Male

White

Married

Widow

Divorced

~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Wm. H. Jones

Mother's

Maiden Name

Pearl H. Jones

Cause of

Primary

accident

Death

Immediate

Inhalation of Chloroform

How long sick

Three hours

Accident, Suicide, Homicide

Reported by

Liam Balmain Jr. D. Coroner N.W.D. Balt.

Address

700 Lafayette Av. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Louisiana Kahler

CERTIFICATE OF DEATH

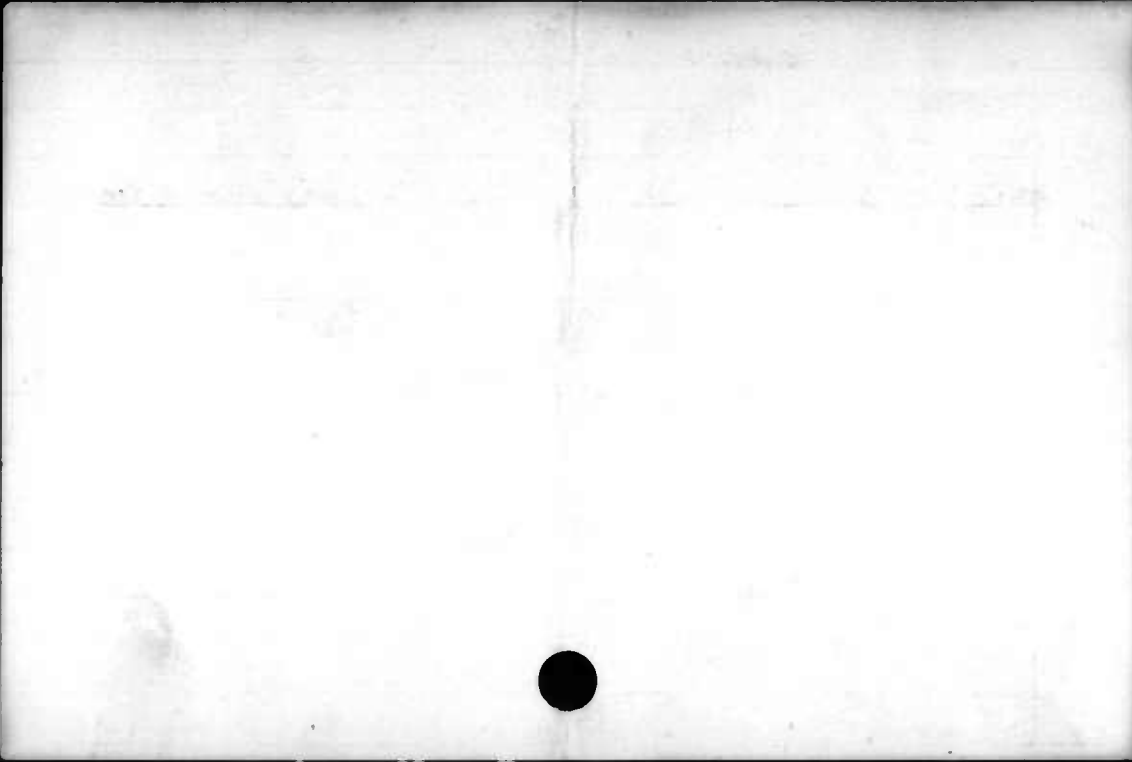
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Rosale</u> Town		County <u>Belts</u>		MARYLAND	
Date of death	Month <u>Oct</u>	Day <u>12</u>	Age <u>1</u> Years	Months	Days <u>31</u>
Sex <u>female</u>	Color or Race <u>white</u>		Birth-place <u>Phila Pa</u>		
Married, Single or Widowed <u>-</u>			Occupation <u>-</u>		
Name of Wife or Husband					
Father's Name <u>Aug Kahler</u>			Father's Birthplace <u>Bach B</u>		
Mother's Maiden Name <u>Louisa Sheeler</u>			Mother's Birthplace <u>" "</u>		
Name of person giving information <u>" "</u>			How related to deceased <u>mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Convulsions (teeth)</u>	How long <u>6 hours</u>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>W. D. Jones</u>
	Address <u>Gardenwell</u>
Accident or Suicide?	<u>md.</u>



Name
in
Full

CERTIFICATE OF DEATH

Grace Elder Lawrence

Town

Sherwood

County

Baltimore

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death 190

2 October

18

Age

35

11

—

Sex

Female

Color or
Race

White

Birth-
place

Baltimore Md.

Married, Single
or Widowed

Widow

Occupation

Name of Wife or
HusbandFather's
Name

Charles P. Knight

Father's
BirthplaceMother's
Maiden Name

Florence Harwood Knight

Mother's
BirthplaceName of person giving
Information

Florence Harwood Knight

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

2 years

Immediate

Exhaustion

How long

12 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

C. Urban Smith M.D.

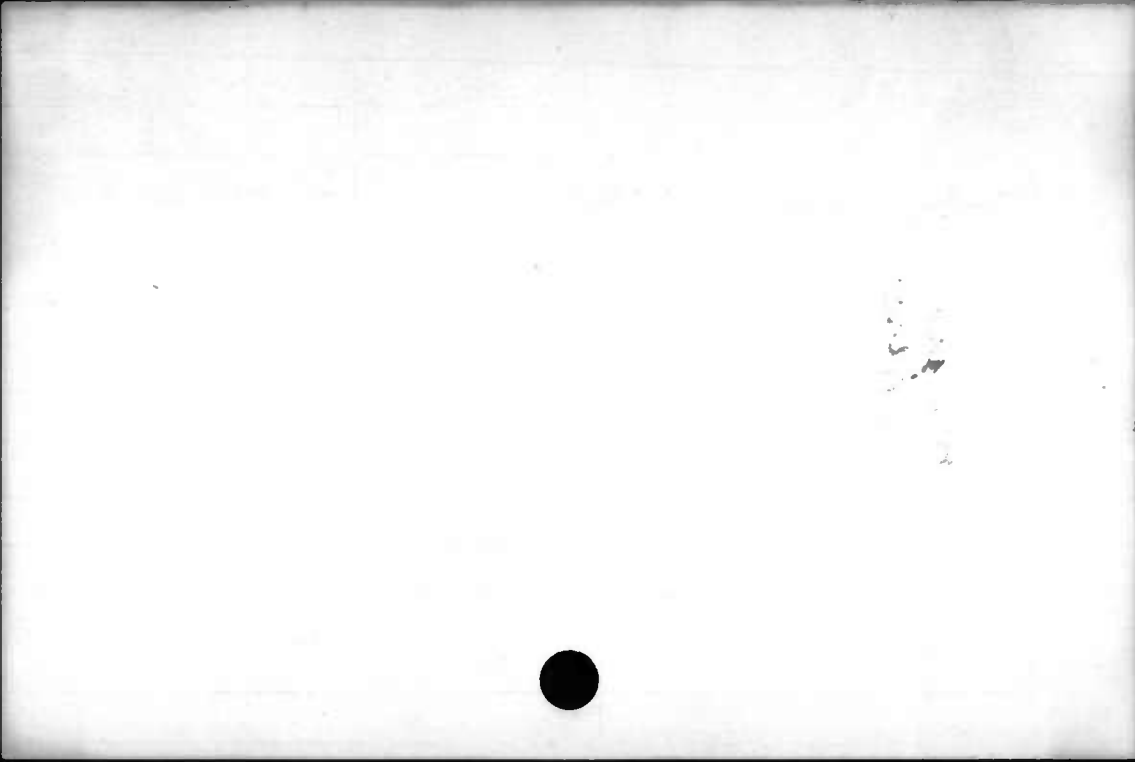
Address

1928 Madison Ave

Baltimore, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



John Leitschuk

Town

County

Died at

Rosedale

Baltimore

MARYLAND

Date 1902

Month

Day

Oct. 31

Y.

M.

D.

Age

2

Native of

Md

Occupation

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Daniel Leitschuk

Mother's

Maiden Name

Agnes Heinle

Cause of

Primary

Measels

How long sick

about 2 days

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

J. Scherfeld m
Highlandly

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Holy Redeemer Cemetery

Nov. 1st 1902

Germanus Hance

Undertaker.

Name in Full

Certificate of Death

Sister Mary Ambrose Leonard

Died at

Date 19

or Oct. 26 | Age 58 | Y. M. D. | Native of Ireland | Occupation Religious
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

William Leonard | Mother's Jane McNeer.
 Cause of Primary Mamma Cancer | How long sick About 1 year
 Death Immediate Asthenia | 43 | Accident, Suicide, Homicide
 Reported by William J. Todd M.D.
 Address Mt Washington Md.



Name
in
Full

George Washington Lilly

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Dickersonville		County Baltimore		MARYLAND	
Date of death 190	2	Month October	15 th	Day	Age 56 1/2	Years	8
Sex	Male		Color or Race	White		Birth- place	Baltimore Md
Married, Single or Widowed	Married			Occupation House			
Name of Wife or Husband	Eliza V. Lilly						
Father's Name	+					Father's Birthplace	America
Mother's Maiden Name	+					Mother's Birthplace	+ " "
Name of person giving In formation	Wife, Mrs. Lilly					How related to deceased	Wife

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Typhoid Fever		How long	10 days
Immediate	Convulsion ^{2nd} that began		How long	a few minutes
Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	George W. Eckhart,
			Address	Dickersonville Baltimore Md.
Accident or Suicide?				



Name in Full

Certificate of Death

Astril S. Lingenfelter

Town

County

Died at

Bella

Baltimore

MARYLAND

Date 1902 10 24 Age 23 Native of Orlean Md Occupation

Male White Married Widowed Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Samuel Lingenfelter

Mother's Maiden Name

Jamie E Tucker

Cause of

Primary

Marasmus

How long sick

2 m

Death

Immediate

Exhaustion

105

Accident, Suicide, Homicide

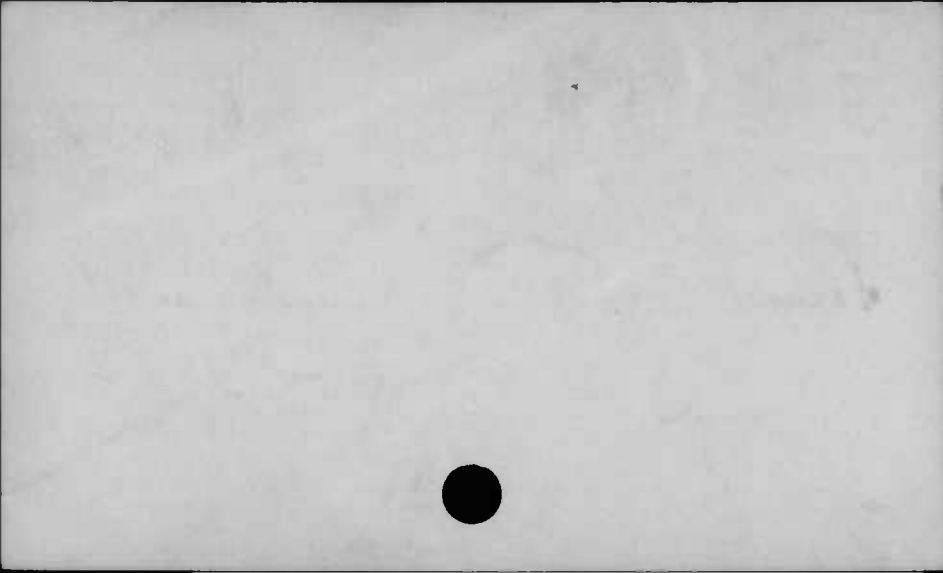
Reported by

J. H. B. Brown

Address

1111 1st St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Peter Loeber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Barto		MARYLAND	
Date of death 1902	Month Oct	Day 27	Age 54	Years	Months	Days —	
Sex Male	Color or Race White		Birth- place Germany				
Married, Single or Widowed Married			Occupation Watchman				
Name of Wife or Husband Antonia Loeber							
Father's Name			Father's Birthplace Germany				
Mother's Maiden Name			Mother's Birthplace				
Name of person giving In formation wife			How related to deceased Husband				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate Apoplexy	How long few hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician H. T. Riley
	Address H. Broadway
Accident or Suicide?	

1st Evangelical

H. Sander & Sons

Dr Schofield -

Please accept

This until we
can furnish you
on from proper official
H. Sander & Sons

Name in Full

Certificate of Death

James H. Logan
 Town Sparrow Point County Baltimore MARYLAND
 Died at
 Date 902 Oct. 15th Y. 31 M. D. Native of Penna Occupation Blacksmith
 Male White Married ~~Widow~~ ~~Divorced~~
 Female Colored Single ~~Widower~~ Number of children living 1

Husband of Agnes Logan
 Wife
 Father's Name Mr. H. Mother's Maiden Name Agnes Ruddy

Cause of Death { Primary Pleuro-Pneumonia
 Immediate exhaustion 93
 How long sick 1 week
 Accident, Suicide, Homicide

Reported by G. C. Mc Cormick M.D.
 Address Sparrow Point.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Caroline Love

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Hope Retreat</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190	<i>Oct</i> ^{Month}	<i>20th</i> ^{Day}	<i>56</i> ^{Years}	<i>—</i> ^{Months}	<i>—</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Phila Pa</i>		
Married, Single or Widowed <i>Married</i>		Occupation <i>None</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving Information <i>Records of Mt Hope</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

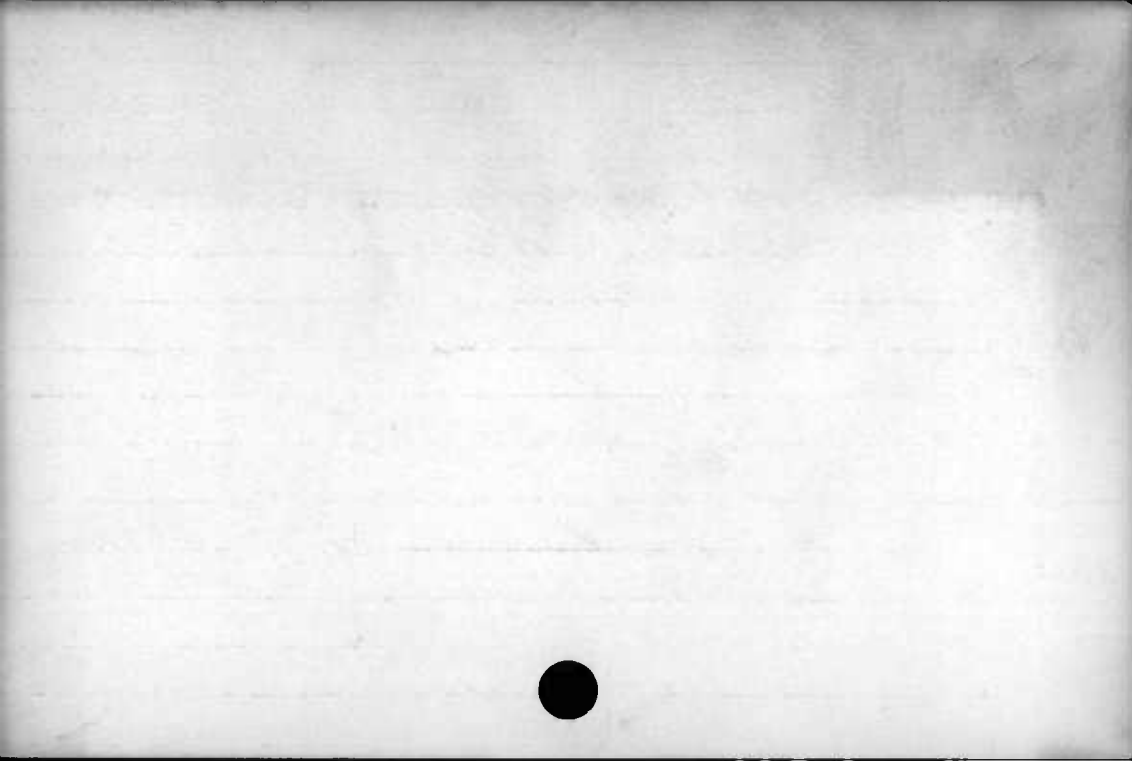
PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i> <i>68</i>	How long <i>4 years</i>
Immediate <i>Status Epilepticus</i>	How long <i>3 or 4 days -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank J. Flannery</i>
<i>Yes</i>	Address <i>Mt Hope Retreat</i>
Accident or Suicide?	



TO BE ANSWERED BY NEAREST FRIEND	Name in Full		Lowe, Elizabeth.				CERTIFICATE OF DEATH			
	Died at		Town		County		MARYLAND			
	Date of death 190		Month		Day		Age		Years	
	2 Oct		28		40					
	Sex		Color or Race		Birth-place					
	Female		Coca		Md.					
	Married, Single or Widowed		Occupation							
	Driven		Domestic							
Name of Wife or Husband										
Father's Name		69				Father's Birthplace		X		
Mother's Maiden Name						Mother's Birthplace		X		
Name of person giving Information						How related to deceased		X		

CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary	Epilepsy Insanity	
	Immediate	Status Epilepticus	
	Are the name, age, sex, color, date and place correctly given above?	yes	
	Signature of Physician	J. H. Wade	
	Address	Calonsville	
Accident or Suicide?		no	



Name in Full

Certificate of Death

Charles A McKimbro.

Died at ^{Town} Paradise ^{County} Baltimore MARYLAND

Date 1902 ^{Month} Oct ^{Day} 18 | ^{Y.} 63 ^{M.} - ^{D.} - | ^{Native of} Maryland | ^{Occupation} Merchant.

^{Male} ~~Female~~ | ^{White} ~~Colored~~ | ^{Married} ~~Single~~ | ^{Widow} ~~Widower~~ | ^{Number of children living} Two.

Husband of Caroline McKimbro

Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary Acute Nephritis 119 | How long sick Six days.

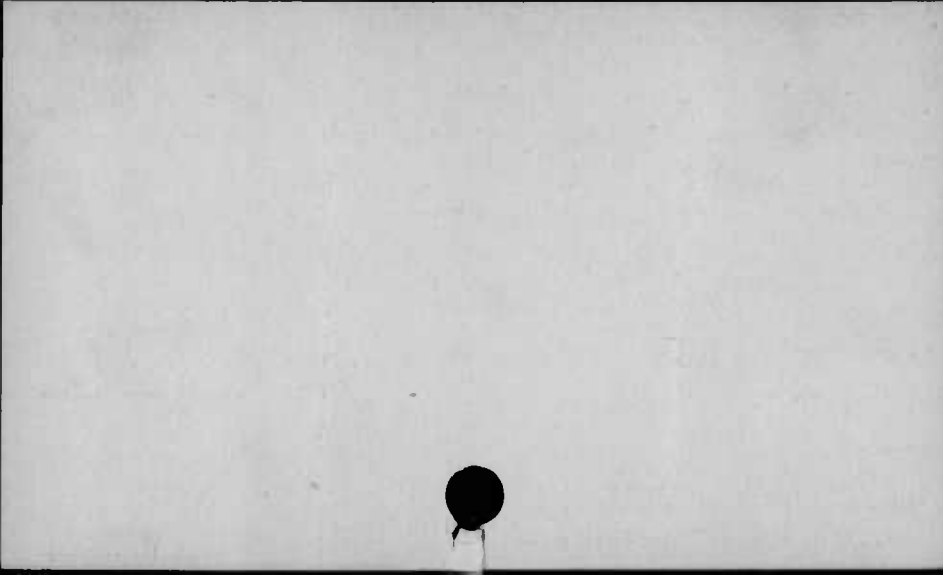
Death { Immediate Uremic Coma, Asthenia | Accident, Suicide, Homicide

Reported by John D. McElathly, M.D.

Address 656 West Franklin St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79893



Name In Full

Certificate of Death

Died at

Mrs. Minnie E. Mahle
 Town *Rockvale* County *Batts* MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 *Oct* *8*

Age

32-6

America

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
Wife

Father's
Name

Mother's
Maiden Name

Cause of

Primary

Tuberculosis

How long sick

4 1/2 Mo.

Death

Immediate

Accident, Suicide, Homicide

Reported by

J. H. G. Hill

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808



Sister In Dolores Marshall

Town

County

Died at White Sales Catonsville Baltimore

MARYLAND

Date 1902 10th 24 Y. 73 M. 3 D. 6 Native of Virginia Occupation Religious

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband
of
Wife

Father's Name George Marshall

Mother's Name Phillis Marshall

Cause of { Primary Meningitis

Death { Immediate Coma

How long sick
4 weeks

Accident, Suicide, Homicide

Reported by J C Monnomer M.D.

Address Wickeville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Name in Full *James Mather*
 Died at *Brownsville* Town *Baltimore* County *MARYLAND*

Date 19 *02* *Oct.* Month *31* Day *Y.* *M.* *D.* Age *about 75* Native of *England* Occupation *Merchant*
 Male *White* Married *Widow* *Divorced*
Female *Colored* *Single* Widower Number of children living *2*

Husband of _____
 Wife _____

Father's Name _____ Mother's Maiden Name *gt*

Cause of Death { Primary *Abdominal Aneurism* How long sick *60 hours*
 { Immediate *suppression of urine* Accident, Suicide, Homicide _____

Reported by *William J. Todd*
 Address *W Washington*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79000



Name
in
Full

Josephine Matthews

CERTIFICATE OF DEATH

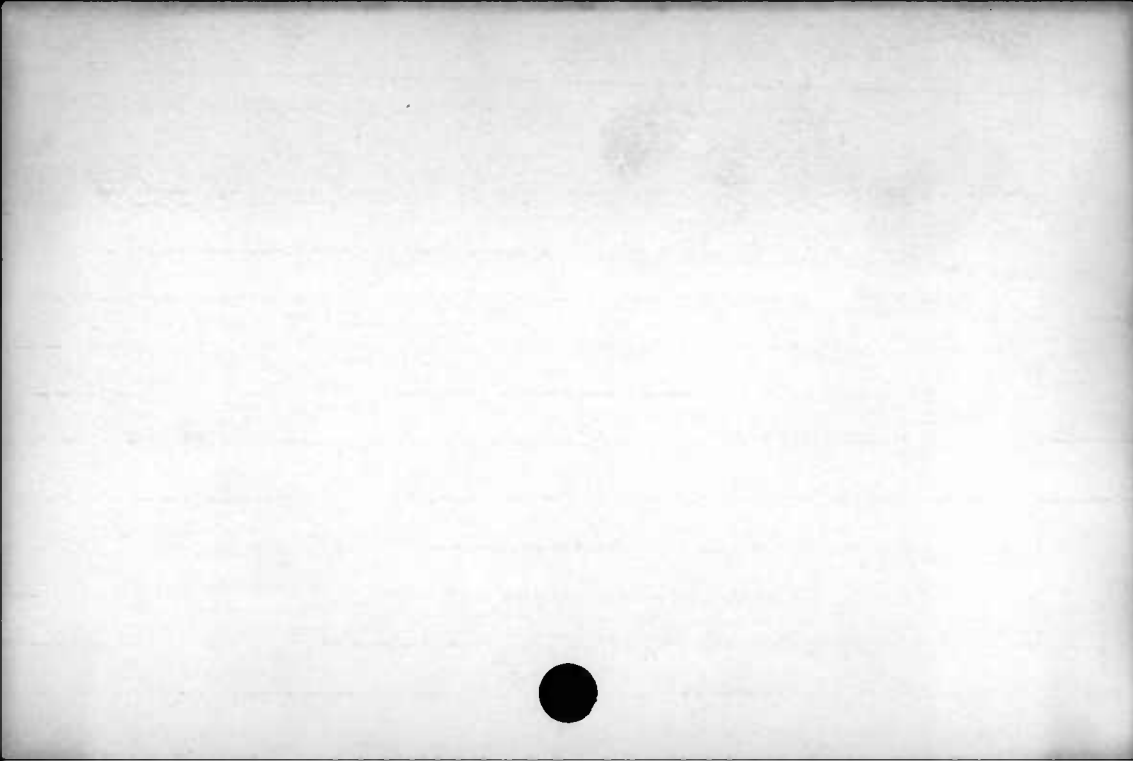
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Catonsville		Baltimore		MARYLAND					
Date of death		1902	Month	Oct	Day	11	Age	Years	Months	2	Days
Sex		Female		Color or Race		Cold		Birth-place		Baltimore	
Married, Single or Widowed				Occupation							
Name of Wife or Husband											
Father's Name						Father's Birthplace					
Mother's Maiden Name						Mother's Birthplace					
Name of person giving Information						How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		Marasmus		105		How long		1 month	
Immediate		Exhaustion				How long			
Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician		C. J. Mailfield Health Officer	
						Address		Catonsville Md	
Accident or Suicide?									



Joshua Marsh Mathews

Town

County

Died at Dulaney's Valley Baltimore MARYLAND

Date 1902 Month Oct. Day 8 Age 69-16 M. D. Native of Maryland Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of

Wife

Father's Name Amos Mathews Mother's Name Ellen Marsh

Cause of Death { Primary Cardiac Dilatation Immediate Haemoptysis How long sick 2 years

 Accident, Suicide, Homicide

Reported by Thos. H. Emory M.D.

Address Hess Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry Merle

Died at ^{Town} Poughkeepsie ^{County} Baltimore MARYLAND

Date 1902 10 4 | Age 57. 1. 8 | Native of Germany | Occupation Horse Keeper

Male White Married ~~Widow~~ ~~Divorced~~ ~~Single~~ Widower

Number of children living 3 -

Husband of Laura A. Merle

Father's Name Andrew H. Merle Mother's Name Mary Merle

Maiden Name

Cause of Death { Primery Pulmonary Tuberculosis
Immediate Pulmonary Hemorrhage

How long sick
Accident, Suicide, Homicide

Reported by

A. C. Smith

Address

Poughkeepsie N.Y.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elsie Viola Merryman.

Town

County

Died at

*Ashland**Baltimore*

MARYLAND

Date 19

02

Month

10

Day

3

Age

Y.

M.

D.

6 17

Native of

Ch. H.

Occupation

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Ellsworth Merryman

Mother's

Maiden Name

Raggie Williams

Cause of

Primary

Pulmonary Tuberculosis.

How long sick

about 4 months

Death

Immediate

Exhaustion~~Accident, Suicide, Homicide~~

Reported by

Walter C. Enser M. D.

Address

Cockeysville, Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margarett. Elizabeth Miller
 Town County
 Died at Govans Baltimore, MARYLAND
 Date 1902 Oct 18 Age 1 0 16 Native of Balto.
 White Married Widowed
 Female Single Number of children living

Husband of
 Wife

Father's Name Jos a Miller Mother's Maiden Name Katie Myers

Cause of Death { Primary Membranous Croup. 9 How long sick 48 hours.
 Immediate Convulsions! Accident, Suicide, Homicide

Reported by J. C. Davis MD. STATION H, (GOVANS),
 Address BALTIMORE, MD.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.





Name
in
Full

Sarah Ellen Moore.

CERTIFICATE OF DEATH

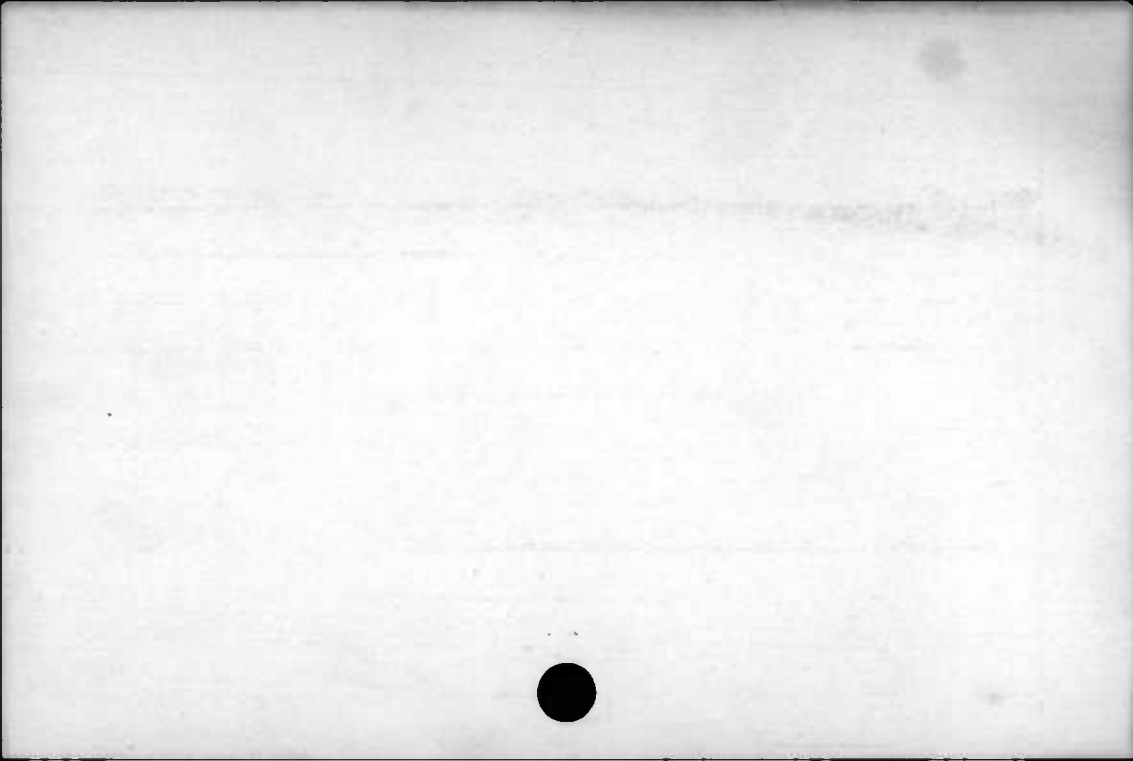
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Hereford</u> ^{Town}		<u>Baile</u> ^{County}		MARYLAND	
Date of death 190 <u>2</u>	Month <u>10</u>	Day <u>7</u>	Age	Months <u>6 weeks.</u>	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>		Birth-place <u>Hereford Md.</u>		
Married, Single or Widowed			Occupation		
Name of Wife or Husband					
Father's Name <u>Morris W. Moore.</u>			Father's Birthplace <u>Virginia</u>		
Mother's Maiden Name <u>Margaret Susan Nelson</u>			Mother's Birthplace <u>Hereford Md.</u>		
Name of person giving Information <u>Sarah Ellen Nelson</u>			How related to deceased <u>Grandmother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Capillary Bronchitis & Spasms</u>	How long <u>one week</u>
Immediate <u>Coma</u>	How long <u>few hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>A.R. Mitchell</u>
	Address <u>Hereford Md.</u>
Accident or Suicide? <u></u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Julia A. Moran</i>		Town <i>Calinsville</i>		County <i>Balto</i>		MARYLAND	
Died at <i>Calinsville</i>		Month <i>Oct</i>		Day <i>12</i>		Age <i>35</i>	
Date of death 190 <i>2</i>		Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland.</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife.</i>					
Name of the or Husband <i>Melvin H. Moran</i>		Father's Name <i>Peter J. Wisdom</i>		Father's Birthplace <i>Ind</i>			
Mother's Maiden Name <i>Orpha Eckley</i>		Mother's Birthplace <i>Ind.</i>					
Name of person giving information <i>Melvin H. Moran</i>		How related to deceased <i>Husband.</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dementia</i>		How long <i>68</i>	
Immediate <i>Pulmonary Tuberculosis</i>		How long <i>6 mos.</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Percy Wade.</i>	
		Address <i>Calinsville, Ind</i>	
Accident or Suicide? <i>No.</i>			



Name
in
Full

George C. Morrison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Mt Hope Retreat ^{County} Belth

Date of death 1902 ^{Month} Oct- ^{Day} 3rd ^{Years} Age 40 ^{Months} ^{Days}

Sex Male ^{Color or Race} White- ^{Birth-place} Maryland

Married, Single or Widowed Single ^{Occupation}

Name of Wife or Husband

Father's Name ^{Father's Birthplace}

Mother's Maiden Name ^{Mother's Birthplace}

Name of person giving information ^{How related to deceased}

CAUSES OF DEATH

Primary Albuminuria - acute ^{How long} 8th days -

Immediate Ex- Uraemic Coma- ^{How long} abt 6 days -

Are the name, age, sex, color, date and place correctly given above? Yes ^{Signature of Physician} Frank J. Flannery

^{Address} Mount Hope Retreat Mt Hope Md-

Accident or Suicide?

PHYSICIAN
OR CORONER

Undertaker Stewart & Morrow
215 Park Ave.

Place of burial Greenmount Cemetery

Please mail to above address

Date of funeral Oct 5/02

Name in Full

Certificate of Death

Louisa Müller

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 5 | Age 8 | U.S. | None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~~~Number of children living~~Husband
of

Wife

Father's
NameMother's
Maiden Name

Rudolph Müller | Eliza Straub

Cause of

Primary

Cancer

How long sick

7 days

Death

Immediate

Accident, Suicide, Homicide

Reported by

Wm. D. Perce and

Address

Gardenville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7980*



Name In Full

Certificate of Death

Not named O'Malley

Died at ^{Town} St Denis ^{County} Baltimore

MARYLAND


Date 1892 ^{Month} Oct ^{Day} 13 ^{Y.} — ^{M.} — ^{D.} — ^{Native of} Md ^{Occupation}

Male	White	Married	Widow	Divorced
Female	Colored	Single	Widower	Number of children living

Husband
of
Wife

Father's Name	Joseph O'Malley	Mother's Name	Margaret Trainor
------------------	-----------------	------------------	------------------

Cause of	Primary	How long sick
Death	Immediate	Accident, Suicide, Homicide

Reported by	Cowan & Gill
Address	Under Tack  Elk Ridge

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78993

Attended by Dr.

Arthur Williams

of

Essex Ridge

Seen by Coroner

J. M. D.

of

Information contained in this certificate received

from

of

Name in Full

Certificate of Death

54

No name

Town

County

MARYLAND

Died at St Denis

Bello

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 13

Age

Child Born

Maryland

none

Male

White

Married

Widow

~~Deceased~~~~Female~~~~Colored~~~~Single~~~~Widower~~~~Number of children living~~

Husband of

Wife

Father's Name Joseph Omollia

Mother's Name

Margaret Omollia

Cause of

Primary

Pill Born

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Arthur Williams Jr D

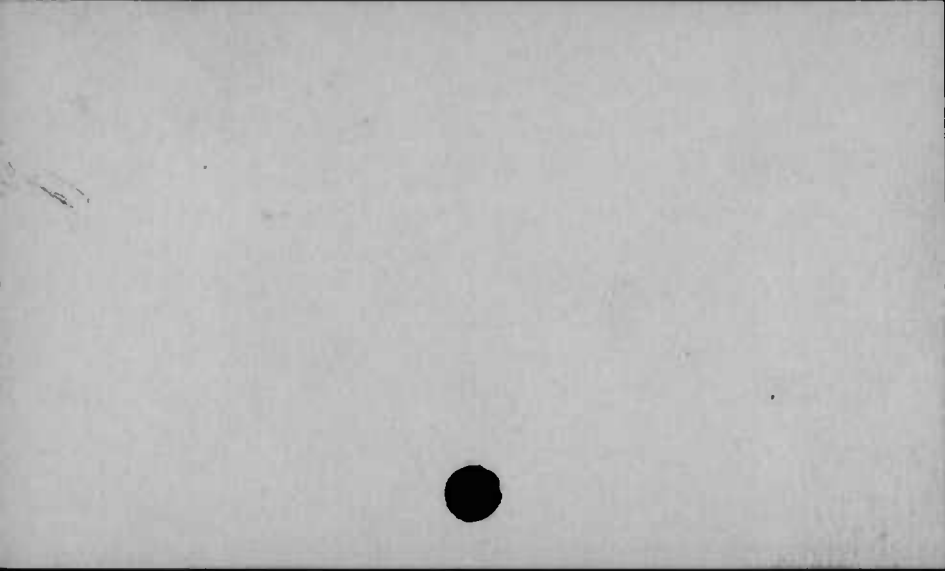
Address

Elk Ridge

Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full

Certificate of Death

John Ormsler
 Town Hirnwood County Balto MARYLAND
 Died at Oct 18 1902 Y. 59 M. 59 D. 59 Native of Ind Occupation Farmer
 Date 1902 Oct 18 Age 59
 Male White Married Widow ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2
 Husband of Louisa Ormsler 120
 Wife Louisa Ormsler
 Father's Name B. J. Ormsler Mother's Maiden Name Nancy Goenell
 Cause of Death { Primary Chronic Nephritis How long sick 5 months
 Immediate Pulmonary edema & uraemic coma Accident, Suicide, Homicide X
 Reported by Dr. J. J. Triplett
 Address Granville Ind
 Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mary Elizabeth Phillips

Town

County

Died at *Towson**Baltimore County*

MARYLAND

Date 19	Month	Day	Y.	M.	D.	Native of	Occupation
02	Oct	4 th			13	Baltimore Co	
Male <input checked="" type="checkbox"/> White <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Widower <input checked="" type="checkbox"/>			Female <input checked="" type="checkbox"/> Colored <input checked="" type="checkbox"/> Single <input checked="" type="checkbox"/>				
						Number of children living	

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Death

Primary

Immediate

How long sick

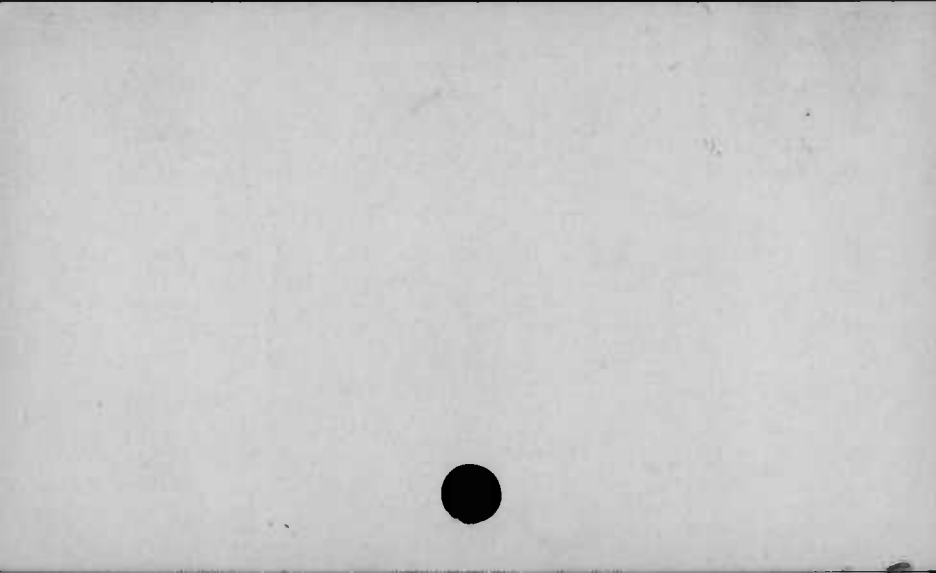
From birth~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78908



Name
in
Full

Price

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glyndon</u> Town		<u>Balto</u> County		MARYLAND	
Date of death 190 <u>2</u>	Month <u>10</u>	Day <u>22</u>	Age <u> </u> Years	Months <u> </u>	Days <u> </u>
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Glyndon</u>		
Married, Single or Widowed <u>Still born</u>		Occupation <u> </u>			
Name of Wife or Husband <u> </u>					
Father's Name <u>Price Howard</u>			Father's Birthplace <u>Rockyville</u>		
Mother's Maiden Name <u>Rachel Katharine Quinn</u>			Mother's Birthplace <u>Wentz</u>		
Name of person giving information <u>Father</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Still born</u>	How long <u> </u>
Immediate <u> </u>	How long <u> </u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>J. B. Drake M.D.</u>
	Address <u>Rutherford</u>
Accident or Suicide? <u> </u>	

Dr. Harry Slade

Peisterstown

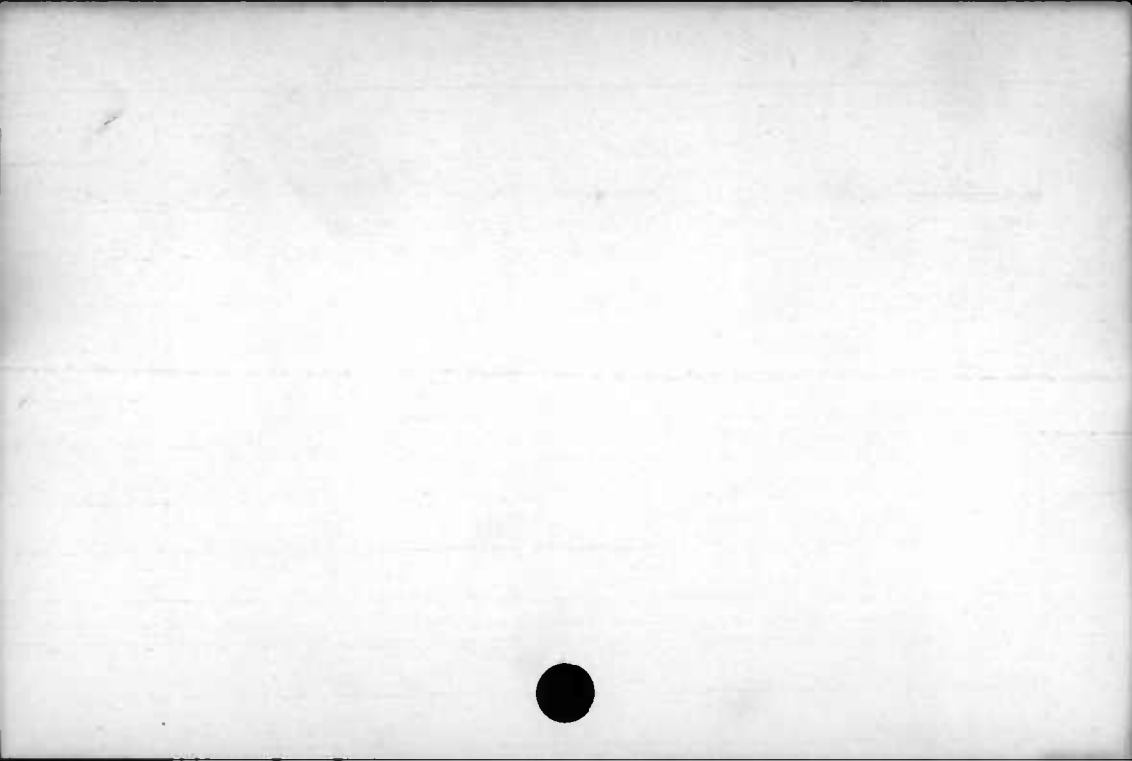
Issue a Burial permit To
Mr. Price Howard - to Bury at
Besley Church (Father of Infant)

W. D. Cook M.D.

Name in Full		Infant of Edmund W. and Annie Price				No. 56	
		Town Lonsdowne County Baltimore				CERTIFICATE OF DEATH	
		Died at				MARYLAND	
		Date of death 1902	Month Oct.	Day 30	Age	Years	Months
		Sex Female		Color or Race white		Birth-place Lonsdowne, Md.	
		Married, Single or Widowed		Occupation			
		Name of Wife or Husband					
		Father's Name Edmund W. Price				Father's Birthplace Canada	
		Mother's Maiden Name Annie Hickson				Mother's Birthplace Canada	
		Name of person giving information Edmund W. Price				How related to deceased Father.	
CAUSES OF DEATH							
		Primary Premature Birth				How long	
		Immediate Still Born				How long	
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician Frank W. Puhl M.D.	
						Address Lonsdowne, Md.	
		Accident or Sickness					

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full

Certificate of Death

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 79898



Name
in
Full

CERTIFICATE OF DEATH

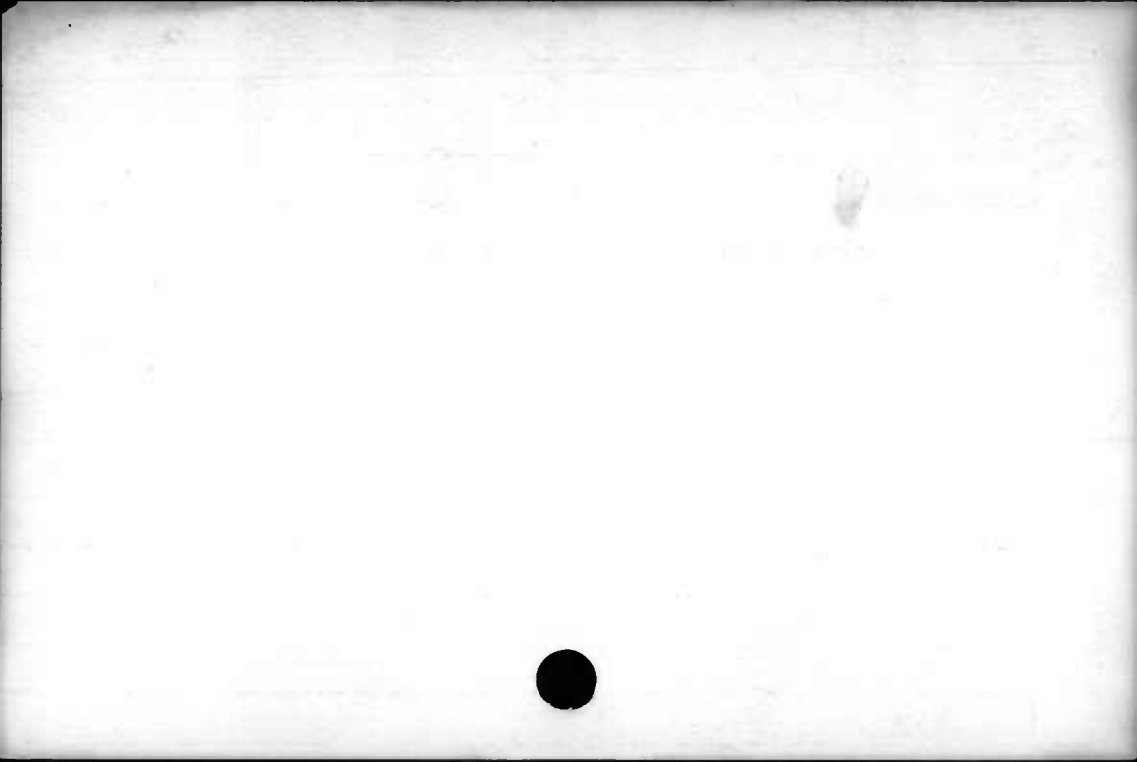
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Orange</i> Town <i>Mills</i> County <i>Belle</i>		MARYLAND	
Date of death 190 <i>2</i> Month <i>Oct</i> Day <i>1st</i> Age <i>-</i> Years <i>-</i> Months <i>-</i> Days <i>-</i>			
Sex <i>Girl</i> Color or Race <i>White</i> Birth-place <i>Orange Mills</i>			
Married, Single or Widowed <i>-</i> Occupation <i>-</i>			
Name of Wife or Husband <i>-</i>			
Father's Name <i>John B Reese</i>		Father's Birthplace <i>Orange Mills</i>	
Mother's Maiden Name <i>Katherine Burton</i>		Mother's Birthplace <i>Orange Mills</i>	
Name of person giving information <i>John B Reese</i>		How related to deceased <i>-</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>-</i>
Immediate <i>Stillborn</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>W H Campbell</i>
Address <i>Orange Mills Md</i>	
Accident or Suicide? <i>-</i>	



Jno. Reid

Town

County

Baltimore

MARYLAND

Died at Goraustown

Date 1902
 Month Oct. Day 10
 Y. 58 M. D.
 Native of
 Occupation Gardner
 Male White Married Widowed
 Female Colored Single Widower
 Number of children living 1

Husband of Lydia Reid
 Wife
 Father's Name Peter Reid

Mother's Name Isabella Reid

Cause of Death { Primary Heart Disease
 Immediate Exhaustion

How long sick about 3 months
 Accident, Suicide, Homicide

Reported by Dr. E. H. Duncan

Address Goraustown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Miss Rose Riley

Died at ^{Town} Staguer ^{County} Baltimore MARYLANDDate 19 1914 ^{Month} Oct ^{Day} 3 ^{Age} 62 ^{M.} --- ^{D.} --- ^{Native of} England ^{Occupation} house~~Male~~ White ~~Marrried~~ Widow ~~Divorced~~
Female ~~Colored~~ Singla ~~Widower~~ Number of children livingHusband
of

Wifa

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Paralysis

How long sick

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

J. M. By an M.D.

Address

Staguer Baltimore

Must be signed by physician, if any in attendance, otherwise by coronar, undertaker or minister.

LIBRARY BUREAU, 79898



TO BE ANSWERED BY
NEAREST FRIEND

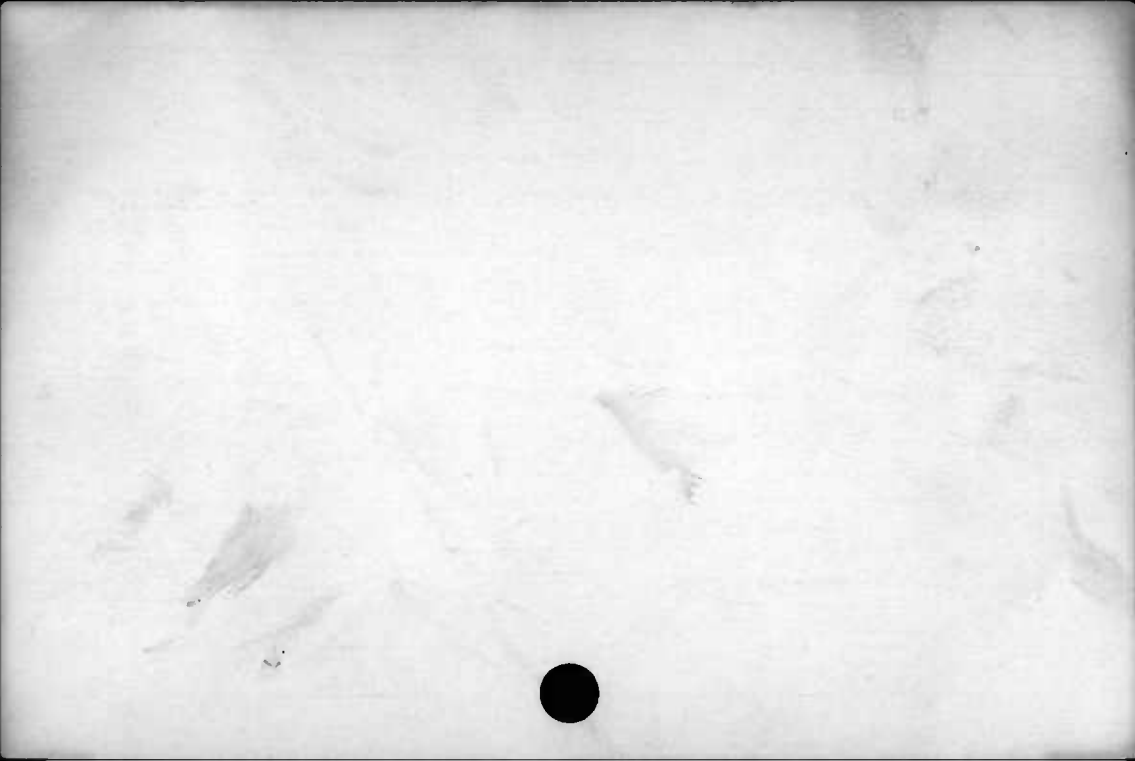
PHYSICIAN
OR CORONER

No. 52
CERTIFICATE OF DEATH

Died at <i>Westport</i>		County <i>Baltimore</i>		MARYLAND	
Date of death 190 <i>2</i>	Month <i>10</i>	Day <i>5</i>	Age <i>36</i>	Months <i>9</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balt. Md.</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>Can. Cutter</i>			
Name of Wife or Husband <i>_____</i>					
Father's Name <i>_____</i>			Father's Birthplace <i>_____</i>		
Mother's Maiden Name <i>_____</i>			Mother's Birthplace <i>_____</i>		
Name of person giving Information <i>Mrs. B. Douglass</i>			How related to deceased <i>Friend</i>		

CAUSES OF DEATH

Primary			How long	
Immediate	Run over by car 166		How long	
Are the name, age, sex, color date and place correctly given above?		Signature of	August W. Miller	
Yes		Address	Mr. Wmianis	
Accident or suicide		Baltimore, Md.		



Name In Full

Certificate of Death

Ben Robinson

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Oct 6th

Age

77

Maryland

Laborer

Male

Married

Widow

Divorced

~~Female~~

Colored

~~Single~~~~Widower~~

Number of children living

2

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Jane Sellers

Ben Robinson

Cause of

Primary

Heart Disease

99

How long sick

1 week

Death

Immediate

Dropsy

Accident, Suicide, Homicide

Reported by

J.C. Peebles M.D.

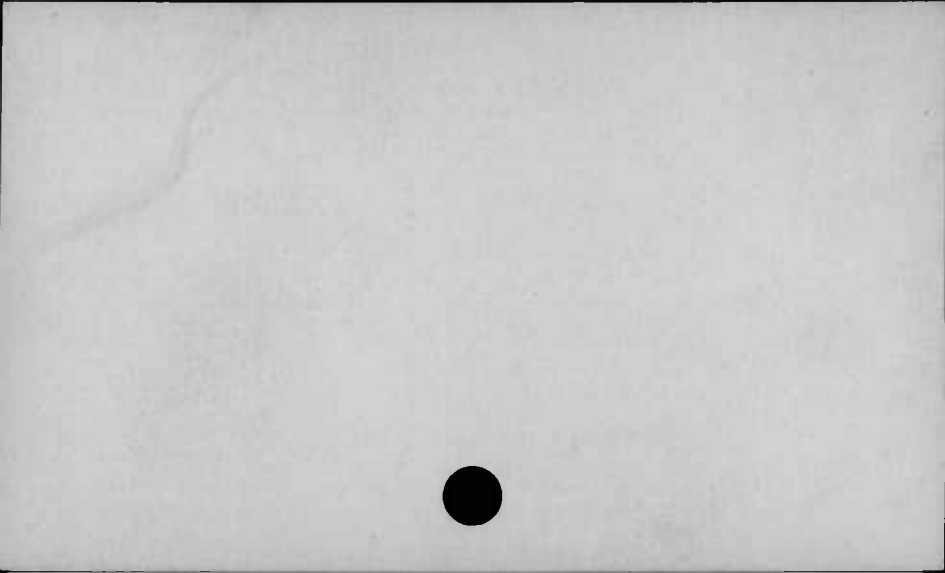
Address

Lutherville

M.D.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 75000



MARYLAND

Died at *Carney P. O.* *Baltimore* CountyDate 19 *02* *Oct.* *25* Month Day Y. M. D. Native of Occupation *Housewife*~~Male~~ *White* *Married* ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living~~Husband~~ of *Andrew Rommel*
WifeFather's Name Mother's Name
Maiden Name

54

Cause of Death { Primary *Progressive Pernicious Anemia* How long sick *Several Months*
Immediate *Failure of Vital Forces* Accident, Suicide, HomicideReported by *L. J. D. H. for M. D.*
Address *Parkville Baltimore Co.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

A. Jahn

F. Lassen

H. Jahn

Name
in
Full

Martha Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lauraville</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>12 Oct</i> <small>Month</small>	<i>27</i> <small>Day</small>	<i>38</i> <small>Age</small>	<i>-</i> <small>Months</small>	<i>-</i> <small>Days</small>	
Sex <i>female</i>	Color or Race <i>White</i>	Birthplace <i>Germany</i>			
Married, Single or Widowed <i>Married</i>	Occupation <i>housework</i>				
Name of Wife or Husband <i>Adam Schmidt</i>					
Father's Name <i>Not known</i>			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>husband Adam Schmidt</i>			How related <i>husband</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid fever</i>	How long <i>Two weeks</i>
Immediate <i>Congestion lungs</i>	How long <i>One hour</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. D. Corcoran</i>
<i>Gardenville</i>	Address <i>Brooklyn</i>
Accident or Suicide?	



Name in Full

Certificate of Death

Annie Seitz

Town

County

MARYLAND

Died at

Leanton

Ballo

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Oct

7th

Age

6

5

Ms.

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Henry Seitz

Mother's

Maiden Name

Ga

Cause of

Primary

Laryngeal Diphtheria

How long sick

weeks

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

C. N. Hickey, Jr.

Address

2. Johnson St

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

H. Auker & Sons

Mt Carmel Cemetery
Oct. 8th

Name In Full May Louise Shafer Certificate of Death

Town Arlington County Balto

Died at MARYLAND

Date 1902 Month 10 Day 2 Age 1.3.2 Y. M. D. Native of Md Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ Divorced
 Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of
 Wife

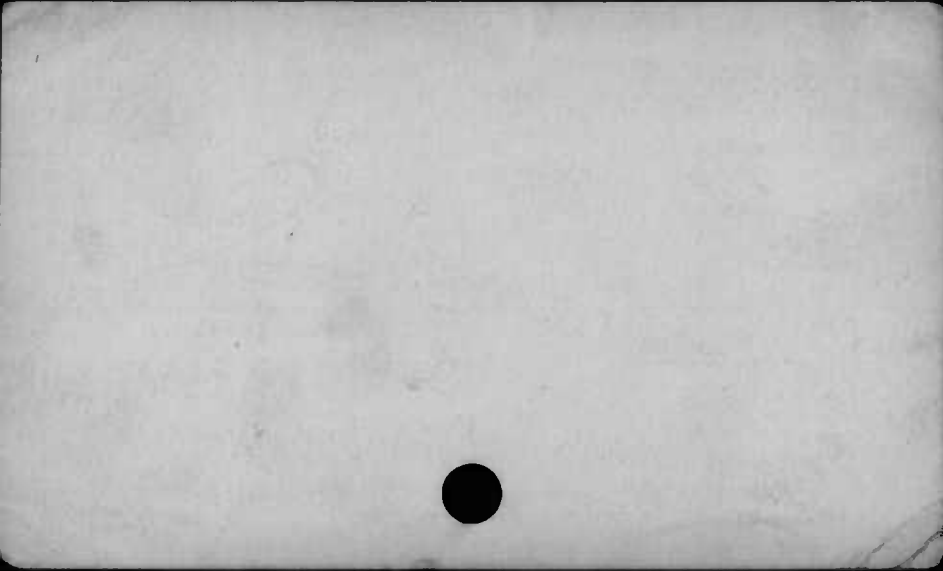
Father's Name Chas Shafer Mother's Maiden Name Louise E. Shafer

Cause of Death { Primary Gastro Enteritis Immediate Cerebral Congestion How long sick 2 dys
 Accident, Suicide, Homicide

Reported by Edwin E. Jones

Address 105 Arlington Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Hilda Smith

Town

County

Died at

Pimlico

Baltimore

MARYLAND

Date 1891	Month 10	Day 30	Age 6	Y. —	M. —	D. —	Native of Md. S	Occupation Child
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

 Husband of —
 Wife

Father's Name Frank Smith

Mother's Name Emma Kemper

Cause of Death	Primary	Fall by accident -	166	How long sick	2 weeks
	Immediate	Nephritis -		Accident, Suicide, Homicide	

Reported by Morris Shanks M.D.

Address Mr Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706



Name in Full

Certificate of Death

58

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 10 25

Age

50

Md

Washington

~~Male~~~~White~~

Married

Widow

~~Divorced~~

Female

Colored

Single

Widower

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart Disease

How long sick

6 weeks

Death

Immediate

Pneumonia

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

H Ross

sharpst country

Name in Full

Certificate of Death

Samuel Parks Staines

Died at

Luthernville

County

Baltimore

MARYLAND

Date

Feb 2

Month

10

Day

24

Age

28

Y.

M.

D.

Native of

MD

Occupation

House wife

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 3

Husband

of

Wife

Father's

Name

Harry Staines

Charles Parks

Mother's

Name

Wochia Parks

Cause of

Primary

Typhoid Fever

How long sick

9 days

Death

Immediate

Heart Failure

Accident, Suicide, Homicide

Reported by

H. Burton Stennison

Address

Rider. MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Harry Benjamin Stains

Died at ^{Town} Lutherville ^{County} Balto. MARYLAND

Date 1902 Oct 36 Age 37 Y. M. D. Native of Mo Occupation Gardener

Male White Married Widow Divorced

Female Colored Single Widower Number of children living 3

Husband of

Wife

Father's

Name

Caleb Stains

Mother's

Name

Rachel Stains

Cause of

Primary

Typhoid Fever

How long sick

Six weeks

Death

Immediate

Ex haec vi

Accident, Suicide, Homicide

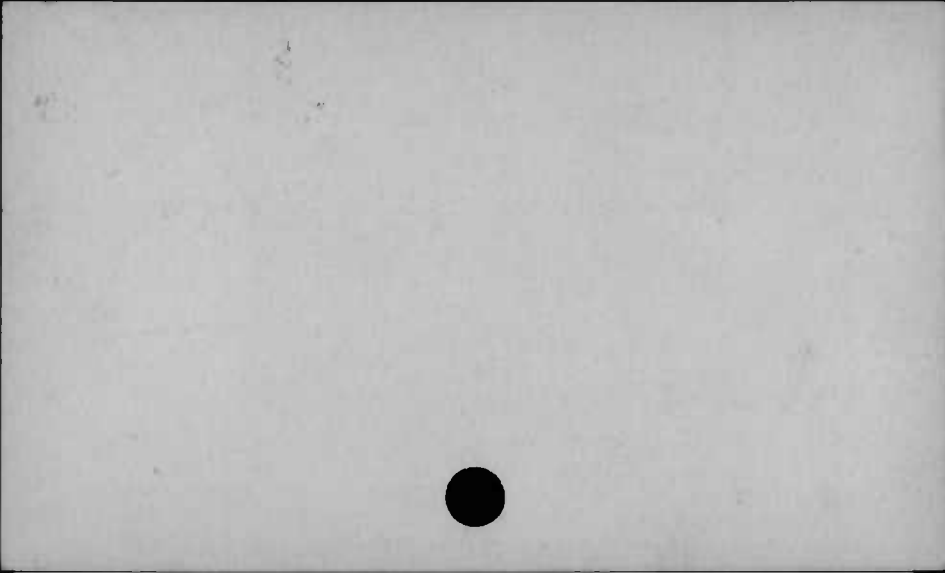
Reported by

L. Beerton Harrison M.D.

Rider, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

William J. Stars.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mr Hope Petrich</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death 190 <i>2</i>	Month <i>Oct</i>	Day <i>10th</i>	Years <i>Age 39 yrs</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Virginia Norfolk</i>	
Married, Single or Widowed <i>Single</i>		Occupation <i>—</i>			
Name of Wife or Husband <i>—</i>					
Father's Name <i>—</i>			Father's Birthplace <i>—</i>		
Mother's Maiden Name <i>—</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>—</i>			How related to deceased <i>—</i>		

69

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Mania chronic - Epilepsy</i>	How long <i>2 yrs</i>
Immediate <i>Ex. Status Epilepticus -</i>	How long <i>abt 48 hrs -</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Frank J. Flannery</i>
<i>as far as I know -</i>	Address <i>Mr Hope Petrich -</i>
Accident or Suicide? <i>—</i>	



Name In Full

Certificate of Death

Annie Sullivan

Died at

St Agnes' Sanitarium

Town

County

Balt

MARYLAND

Date 19

02 Oct 20

Age

13

Y. M. D.

Native of

Occupation

Richmond, Va. None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

13

Cause of

Primary

Ovarian Cancer

How long sick

Death

Immediate

Exhaustion -

Accident, Suicide, Homicide

Reported by

J. Ryan M.D.

Address

St Agnes' Sanitarium

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Dr Hatfield
opp.

Odd Fellows Hall

Richmond Va

Haley

Name in Full

Certificate of Death

John Fredrik Tausendschoen

Town

County

Died at CentonBaltimore

MARYLAND

Date 19	Month	Day	Age	Y.	M.	D.	Native of	Occupation
02	10	13	16				US	
Male	White	Married	Widow			Divorced		
Female	Colored	Single	Widower			Number of children living		

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

150

Cause of	Primary	Immediate
Death	Congenital Heart Disease	Exhaustion

How long sick

4 days

Accident, Suicide, Homicide

Reported by

W. N. O'Heary M.D.
2 N. 1st St.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

H Sander & Sons
1st Evangelical Cmn

Name
in
Full

CERTIFICATE OF DEATH

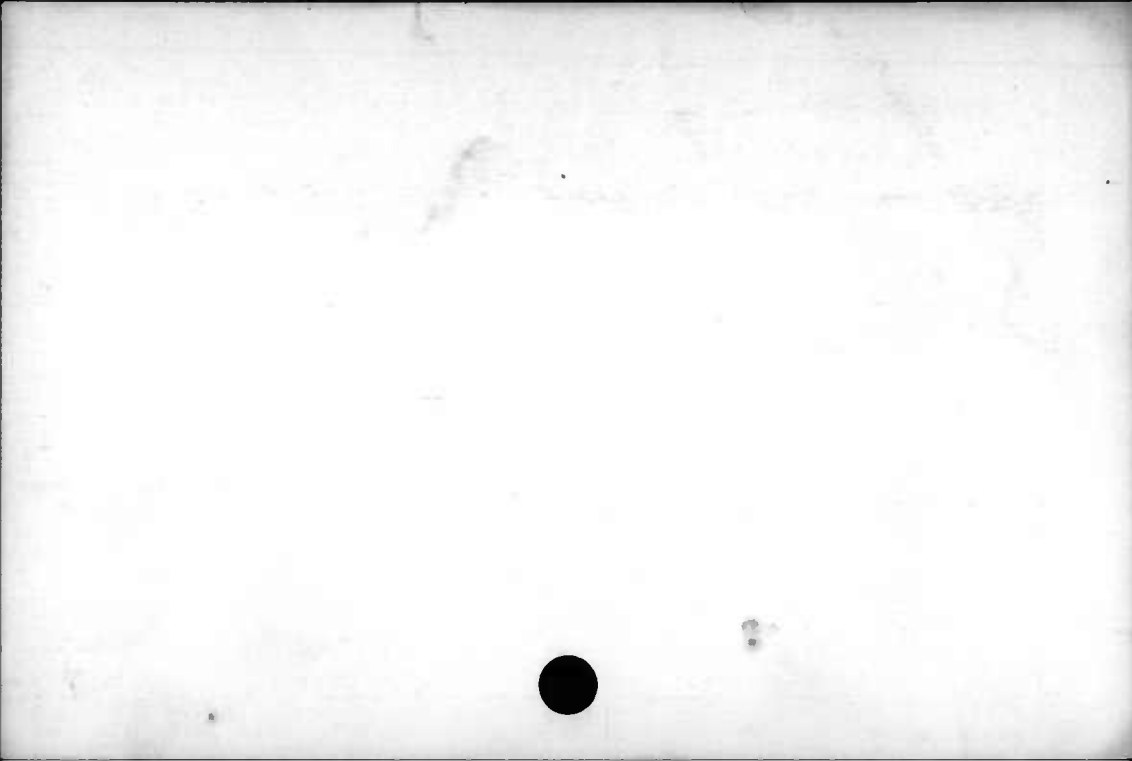
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Granite</i>		County <i>Baltimore</i>		<i>Md</i> MARYLAND	
Date of death 190	2	Month <i>Oct</i>	Day <i>9</i>	Age —	Years —	Months <i>5</i>	Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth- place <i>Balto. Co</i>				
Married, Single or Widowed <i>Single</i>			Occupation —				
Name of Wife or Husband — <i>105</i> —							
Father's Name <i>None</i>				Father's Birthplace —			
Mother's Maiden Name <i>Mary Thomas</i>				Mother's Birthplace <i>Hannan Co</i>			
Name of person giving Information <i>Mother</i>				How related to deceased —			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>2 months</i>
Immediate <i>Heart failure</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>G. Z. Offutt</i>
	Address <i>Granite</i>
Accident or Suicide? —	<i>Once</i>



Name
in
Full

E May Tracey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Parkton</u> <small>Town</small>		<u>Baetown</u> <small>County</small>		MARYLAND	
Date of death 190 <u>2</u>	Month <u>10</u>	Day <u>4</u>	Age <u>6</u> <small>Years</small>	Months <u>9</u>	Days <u>9</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Parkton</u>		
Married, Single or Widowed <u>—</u>			Occupation <u>—</u>		
Name of Wife or Husband <u>—</u>					
Father's Name <u>J. Thomas Tracey</u>			Father's Birthplace <u>Ind.</u>		
Mother's Maiden Name <u>R. Ann Almon</u>			Mother's Birthplace <u>Ind.</u>		
Name of person giving information <u>R. Ann Almon</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>Marasmus & Thrush</u>	How long <u>3 minutes</u>
Immediate <u>Convulsions</u>	How long <u>2 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Thomas C. Baedine</u>
	Address <u>Germine</u> <u>Ind.</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

Leatic Boltz Trail.

CERTIFICATE OF DEATH

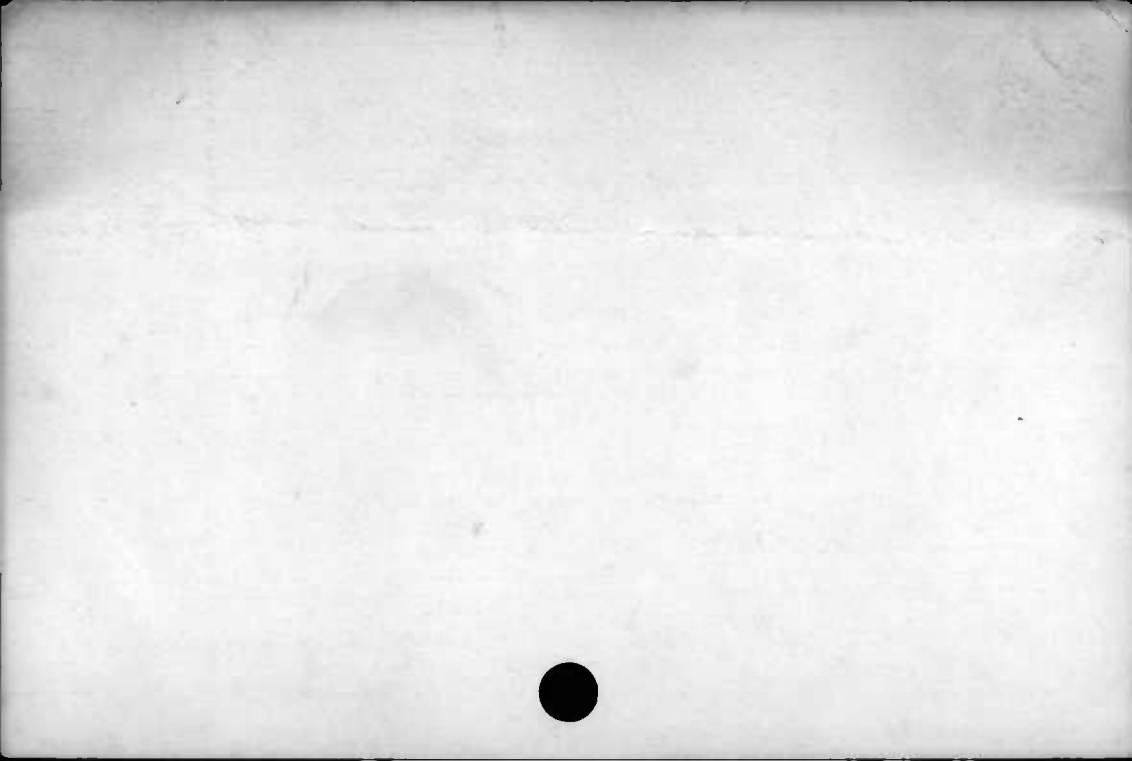
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Granite.		County Baltimore.		MARYLAND	
Date of death 190		2.	Month Oct.	Day 1st	Age —	Years —	Months From
Sex Male.		Color or Race		White.		Birth- place Granite.	
Married, Single or Widowed				Occupation			
Name of Wife or Husband							
Father's Name				John E. Trail.			
Father's Birthplace				Mont Co. Md.			
Mother's Maiden Name				Elizabeth Swift			
Mother's Birthplace				Mont. Co. Md.			
Name of person giving information				Mrs John E. Trail.			
How related to deceased				Mother.			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia . 93	How long	Two weeks.
Immediate	Exhaustion.	How long	About three days.
Are the name, age, sex, color, date and place correctly given above?		yes.	
Signature of Physician		Wm H. Ward, M.D.	
Address		Granite. Baltimore, Md.	
Accident or Self-Inflicted?		—	



Name
in
Full

Sarah V. Vettters

53

CERTIFICATE OF DEATH

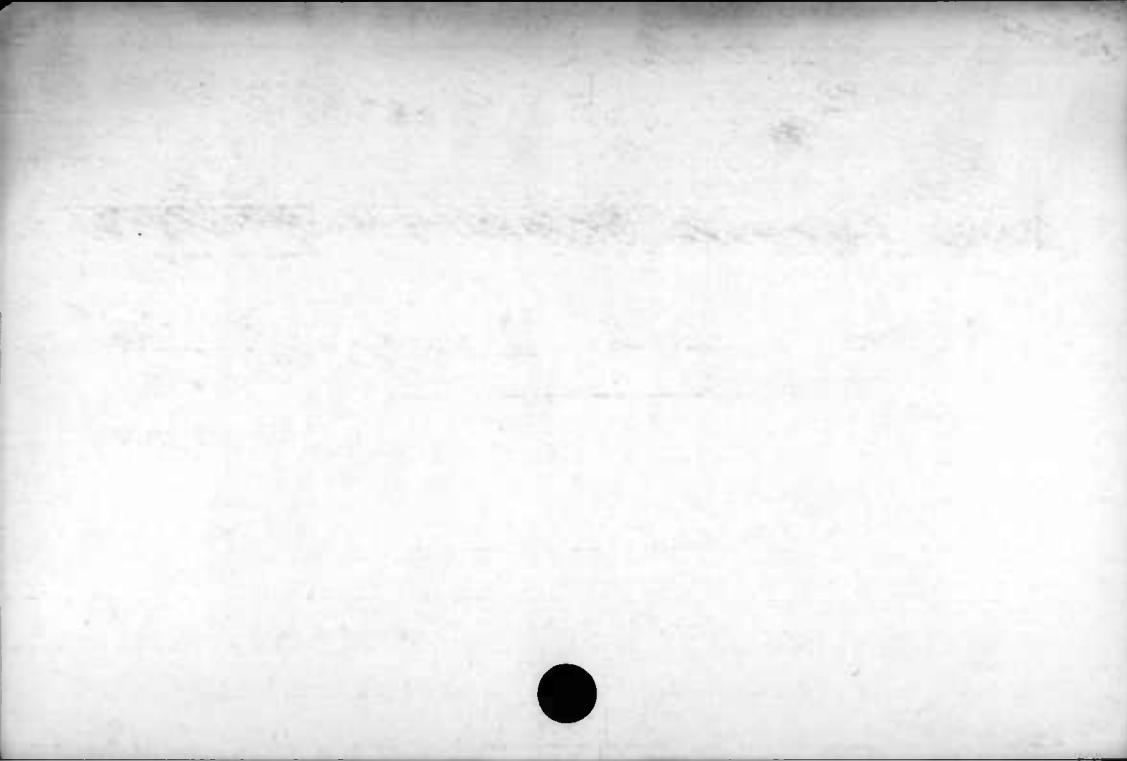
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Westport</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death 1902		Month <i>Oct -</i>		Day <i>10</i>		Age <i>7</i>		Years <i>16</i>	
Sex <i>Female</i>		Color or Race <i>White -</i>		Birth-place <i>Westport. Md.</i>					
Married, Single or Widowed		<i>Infant</i>		Occupation					
Name of Wife or Husband									
Father's Name <i>Chas. E. Vettters.</i>					Father's Birthplace <i>Baltimore. Md.</i>				
Mother's Maiden Name <i>Ida V. Turner.</i>					Mother's Birthplace <i>Baltimore.</i>				
Name of person giving information					How related to deceased <i>Mother</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dentition</i>		How long <i>2 weeks</i>	
Immediate <i>Convulsions</i>		How long <i>-</i>	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Frank H. Cuhl M.D.</i>	
		Address <i>Lansdowne - Md.</i>	
Accident or Suicide? <i>-</i>			



Name
in
Full

Alice League Vincent

CERTIFICATE OF DEATH

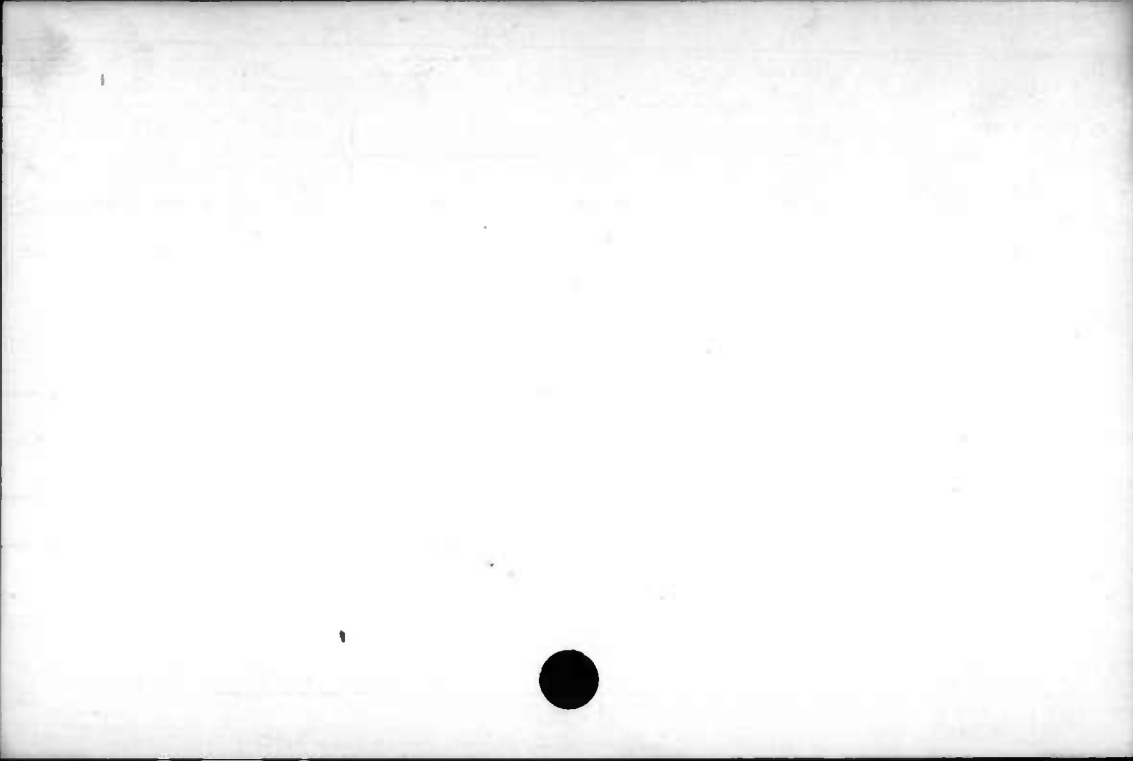
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Crownsville		County Baltimore		MARYLAND	
Date of death 1902	Month Oct	Day 2	Age 2	Years 2	Months 9	Days 18	
Sex Female	Color or Race white		Birth- place Md				
Married, Single or Widowed —			Occupation				
Name of Wife or Husband —							
Father's Name Richd A Vincent				Father's Birthplace Md			
Mother's Maiden Name Ella O.E. League				Mother's Birthplace Md			
Name of person giving information Mary League				How related to deceased Grandmother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pharyngeal Poisoning	How long	5 days
Immediate	Asphyxia	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	John W Harrison Md
		Address	Middleton Md
Accident or Suicide?	No		



Henry Webster

Died at ^{Town} Philadelphia, ^{County} Baltimore, MARYLAND

Date 1902 10 12 Age 24 Native of Ind. Occupation Labour.

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~
~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband of _____

Wife _____

Father's Name _____ Mother's Name Fannie Her

_____ Maiden Name _____

Cause of Death { Primary Pulmonary Tuberculosis How long sick about 6 months
 Immediate Asthenia Accident, Suicide, Homicide

Reported by Wilmer C. Ensor M.D.

Address Cockeysville.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Emma V. White,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Arlington,		County Baltimore		MARYLAND	
Date of death 190	2	Month October	Day 16	Age	Years 55	Months	Days
Sex	Female		Color or Race	White.		Birth- place	Baltimore,
Married, Single or Widowed	Married,			Occupation	None.		
Name of Wife or Husband	J. J. White.						
Father's Name	John J. Carver.					Father's Birthplace	Baltimore
Mother's Maiden Name	Eliza Dolphin					Mother's Birthplace	"
Name of person giving In formation	John J. Carver.					How related to deceased	Father.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Cancer		How long	One year
Immediate	Exhaustion		How long	45
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	
			Address	
			Station E. City.	
*Accident or Suicide?		—		

George J. Smith.

Name
in
Full

Ellen M. Whitcomb

CERTIFICATE OF DEATH

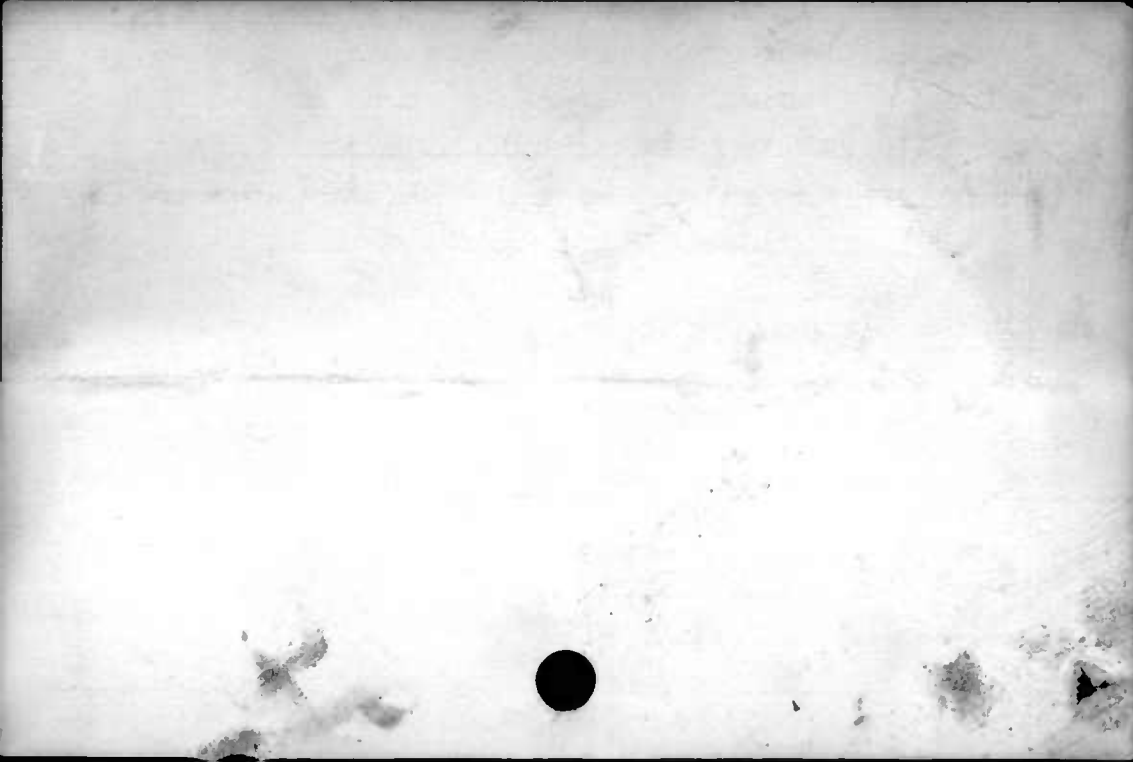
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Worthington Hall</i>			County <i>Baltimore</i>		MARYLAND	
Date of death 1902	Month <i>Oct</i>	Day <i>26</i>	Age	Years	Months <i>3</i>	Days <i>6</i>
Sex <i>Female</i>		Color or Race		Birth-place <i>Worthington Hall</i>		
Married, Single or Widowed			Occupation			
Name of Wife or Husband						
Father's Name <i>Henry Whitcomb</i>			105		Father's Birthplace <i>Baltimore Co</i>	
Mother's Maiden Name <i>Temperance Hunt</i>					Mother's Birthplace " "	
Name of person giving information <i>Father</i>					How related to deceased <i>Father</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Enteritis</i>	How long <i>5 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. H. [illegible]</i>
	Address <i>[illegible]</i>
Accident or Suicide?	



Razella Williams

Died at ^{Town} Ashland ^{County} Balto.

MARYLAND

Date 1902 10 13 | Age 27 | Native of Ind. | Occupation Housewife.

Male ☒ White ☒ Married ☒ Widow ☒ Divorced ☐

Female ☐ Colored ☐ Single ☐ W. lower ☐ Number of children living three

~~Husband~~ of

Wife George Williams

Father's Name Geo Barrett.

Mother's Name Razella Barrett.

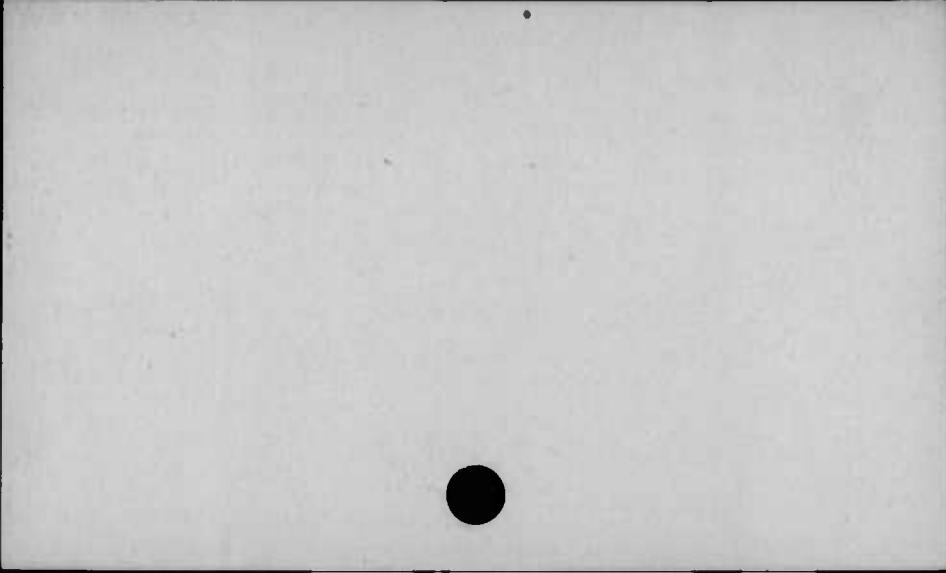
Cause of Death { Primary Typhoid Fever. | How long sick about 3 weeks.

Death { Immediate Exhaustion | Accident, Suicide, Homicide

Reported by Wilmer C. Anson M.D.

Address Cockeysville.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hattie Dorothy Williams

Town

County

MARYLAND

Died at

*Towson**Balto.*

Month

Day

Y.

M.

D.

Native of

Occupation

Date

*1902**10**24*

Age

*1**7**W**Student*~~Male~~~~White~~~~Married~~

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Charles Williams

Mother's

Name

Amelia Williams

Cause of

Primary

*Manacismus**105*

How long sick

4 months

Death

Immediate

Cardiac Asthenia

-Accident, Suicide, Homicide

Reported by

A. Russell Green M.D.

Address

Towson Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lance C. Wilson

Town

County

Died at

Date

1902 Oct. 27
 Month Day Y. M. D.
 Age 64
 Native of Baltimore
 Occupation
 Male White Married
 Female Colored Single
 Number of children living /

MARYLAND

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

William Henry Wilson

William D. Wilson

Sarah D. Wilson

Primary Valvular disease of heart

Immediate Death sudden

How long sick

Accident, Suicide, Homicide

Reported by Geo. F. Margile M.D.
 Address Catonsville

LIBRARY BUREAU, 79898



Name
in
Full

Margaret Wolfgang

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town Forestown

Balto County

Date
of death 1902

Month

10

Day

15

Age

Years

72

Months

Days

Sex Female

Color or
Race

White

Birth-
place

Don't Know

Married, Single
or Widowed

Married

Occupation

Housewife

Name of ~~Wife~~
Husband

Solomon Wolfgang

Father's
Name

Don't Know

Father's
Birthplace

Don't Know

Mother's
Maiden Name

" "

Mother's
Birthplace

" "

Name of person giving
information

Solomon Wolfgang

How related
to deceased

Husband

CAUSES OF DEATH

Primary

Heart trouble complicated with
old age general exhaustion

How long

8 to 10 weeks

Immediate

How long

" " "

Are the name, age, sex, color, data
and place correctly given above?

Yes

Signature of
Physician

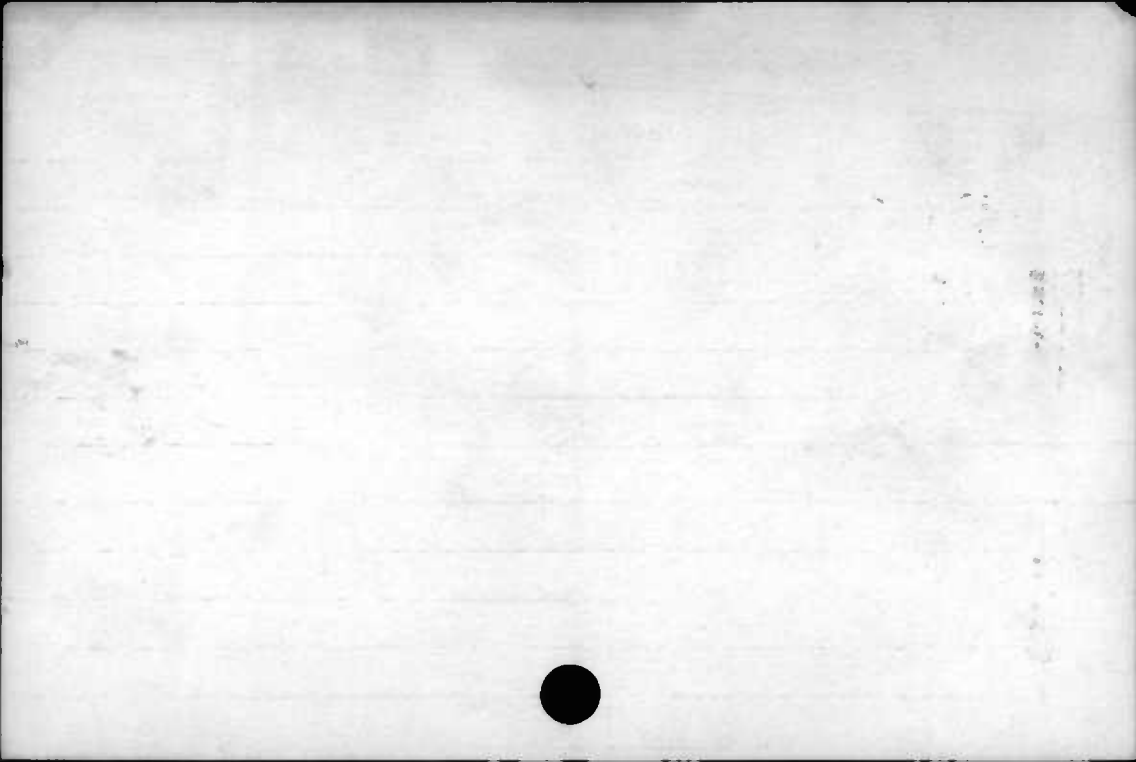
L. B. Norris

Address

Bethesda, Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Mike Woytowitz

Town

County

Died at

Canton

Baltimore

MARYLAND

Date 1902

Month

Day

Oct 10th

Age

Y.

M.

D.

2

Native of

Md

Occupation

None

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Name

Vincent Woytowitz

Mother's

Maiden Name

Cause of

Primary

Dysentery

Death

Immediate

151

How long sick

4 days

Accident, Suicide, Homicide

Reported by

J. H. Collenberg

Address

1810 E. Balto. St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Sacred Heart Cemetery

Oct. 12th 1902

Germanus France

Undertaker